STATE TITLE V BLOCK GRANT NARRATIVE
STATE: WI
APPLICATION YEAR: 2006

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

ASSURANCES & CERTIFICATIONS Attached

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

The current Wisconsin Title V MCH/CSHCN Program MCH Services Block Grant Application is found on the Department of Health and Family Services website at http://dhfs.wisconsin.gov/DPH_BFCH/BlockGrant/. The public and interested parties in MCH and CSHCN related services are encouraged to provide input via the website. For the purpose of this application, we updated the public input section to relate to the needs assessment process and the top 20 needs that emerged from the formal stakeholder Q-Sort process. Four questions were asked on the website: 1) What are your suggested "Top 10" needs/problems from the top 20 needs/problems list; 2) Do you have suggestions for a specific performance measures to address these needs (e.g. percent of women who use tobacco during pregnancy); 3) Please list any other comments; and 4) Please select from the list which best describes you. (The drop down list of options for how the respondent best identifies him or herself includes choices for professional agency type, interested Wisconsin citizen, and student). The public input page is located at http://dhfs.wisconsin.gov/DPH_BFCH/PublicInput.asp. For results of the Public Input, please see the attached file.

II. NEEDS ASSESSMENT

In application year 2006, the Needs Assessment must be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

STATE HEALTH AGENCY'S CURRENT PRIORITIES

Wisconsin's State Health Plan, Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public was released in early 2002. All related documents are available on CD-ROM to include:

1. State Health Plan
2. State Health Plan Executive Summary
3. Wisconsin's Stakeholders Report
4. Minority Health Report
5. Implementation Plan (All Templates and Logic Models)
6. Mapping Project
7. Local Public Health Systems Partnership Database Introduction
8. Local Public Health Systems Database
9. Healthiest Wisconsin 2010 Annual Status Report 2004

The State Public Health Plan fulfills the legislative requirement to develop a state public health plan at least once every ten years as required in Wis. Stats. 250.07. Participation in implementing and monitoring progress, over the remaining five years continues to involve diverse partners including state and local government, nonprofit and private sector, and consumers. The DPH Administrator uses the State Public Health Plan as a major reference guide to determine the importance and magnitude of maternal and child health services when compared with other competing factors that impact health services delivery in Wisconsin. With finite funds, this planning is imperative.

The Healthiest Wisconsin 2010 defines "public health" and the 12 essential public health services. The document describes the five system (infrastructure) priorities and the 11 health priorities that will set the stage for public health programs. The system priorities are: 1) integrated electronic data and information systems, 2) community health improvement processes and plans, 3) coordination of state and local public health system partnerships, 4) sufficient and competent workforce, and 5) equitable, adequate, and stable financing.
Wisconsin's 11 health priorities, listed alphabetically, are:
• Access to primary and preventive health services
• Adequate and appropriate nutrition
• Alcohol and other substance use and addiction
• Environmental and occupational health hazards
• Existing, emerging and re-emerging communicable diseases
• High-risk sexual behavior
• Intentional and unintentional injuries and violence
• Mental health and mental disorders
• Overweight, obesity, and lack of physical activity
• Social and economic factors that influence health, and
• Tobacco use and exposure.

Underlying Healthiest Wisconsin 2010 is the comprehensive view of health that we have long embraced in the MCH/CSHCN Program. This includes not only physical and mental health but also social, spiritual, and community well-being. This view of health affirms the essence of MCH, which lies not only in the prevention and reduction of morbidity, mortality, and risk but also in the fostering of the potential for children and families to become compassionate, productive, and dignified citizens.

In 2004, we prepared a navigational tool to help LHDs see the direct connection between Healthiest Wisconsin 2010 priorities and objectives with MCH/CSHCN Program as they consider making application for Blue Cross/Blue Shield (BC/BS) resources and negotiating for performance based contracting. This tool was important because both of Wisconsin's medical schools require that BC/BS applications align with the state health plan's priorities. (A copy of the navigational tool is available

upon request.)

Intense efforts to monitor progress and track accomplishments for each of Wisconsin's 11 health priorities began in 2005. The first DHFS Annual Status Report was completed this year with the purpose to improve communication between the Department and its partners related to the implementation of Healthiest Wisconsin 2010 and to describe new initiatives that are underway. Tracking the State Public Health Plan provides access to state-level data on indicators that track progress toward meeting many of the 2010 objectives. Indicators were developed to measure a given objective based on the availability of state-level data.

Finally, results from our 2005 (required) Title V needs assessment are closely linked to seven of the 11 State Public Health Plan priorities as follows: access to primary and preventive health services; high-risk sexual behavior (which includes pregnancy); intentional and unintentional injuries and violence; mental health and mental disorders; overweight, obesity, and lack of physical activity; social and economic factors that influence health; and tobacco use and exposure.

PRINCIPAL CHARACTERISTICS OF WISCONSIN

The information is adapted from the following data sources: 1) 2000 U.S. Census; 2) the State of Wisconsin, 2003-2004 Blue Book, compiled by the Wisconsin Legislative Reference Bureau, 2003; 3) the Anne E. Casey Foundation Kids Count Online Data available at: http://www.aecf.org/kidscount/data.htm; 4) Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Infant Births and Deaths, 2003, Madison, Wisconsin, 2004; 5) Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Deaths 2003, Madison, Wisconsin, 2004; 6) Wisconsin Department of Health and Family Services, Division of Public Health, Minority Health Program. The Health of Racial and Ethnic Populations in Wisconsin: 1996-2000. Madison, Wisconsin, 2004; 7) Council on Children and Families, Inc., 2003 WisKids Count Data Book, Madison, Wisconsin, 2003; 8) The Center on Wisconsin Strategy County Database available at: http://www.cows.org/toolkit/data_county/county_database.asp; and 9) The Institute for Women's Policy Research, The Status of Women in Wisconsin, Washington, DC, 2004.

Population and Distribution

On April 1, 2000, Wisconsin's population was 5,363,675, according to the U.S. Census. Compared to the U.S. as a whole, with an overall 13% growth rate during the 1990s, Wisconsin's rate of growth was 10%. Wisconsin (along with 8 other states) lost a seat in the Congress in the reapportionment of the House of Representatives based on the final census counts.

Although Wisconsin is perceived as a predominantly rural state, it is becoming increasingly urbanized as reflected by the 2000 census. Sixty-eight percent of Wisconsin's population live in 20 (of 72) metropolitan counties (those counties with a city of 50,000 or more population plus those nearby counties where commuting to work is a link between the city and suburban counties); the remaining 32% of the population live in Wisconsin's 52 non-metropolitan counties. Wisconsin's population density varies greatly across the state. For example, the City of Milwaukee has 6,214 persons per square mile while Iron County, in the upper tier of northern Wisconsin has only eight people per square mile and an average number of 96 persons per square mile. Wisconsin's population is expected to grow with the largest amount of growth in the suburbs of metropolitan areas such as the Fox River Valley (Appleton, Green Bay, Menasha, Neenah, and Oshkosh), the counties surrounding the County of Milwaukee, and the western counties adjacent to the metropolitan area of Minneapolis/St. Paul. Despite this strong growth in major metropolitan areas, the City of Milwaukee, however, has experienced a loss of more than 31,000 residents during the 1990s, and Milwaukee County decreased by 19,000 persons.

Population characteristics: Females make up 51% of the state's population and 34% of women live outside the metropolitan areas. The 2003 population estimate for the number of children under the

age of 18 was 1,339,690 or about one-fourth of the state's population. The largest percentage of children live in the southeastern portion of the state (38%) and the smallest percent of children (9%) live in Wisconsin's northern tier.

In 2000, non-family households (defined as one person living alone or multiple unrelated persons living together) comprised more than one-third of all households in Wisconsin and more than half of these households were headed by females; traditional families (married couples with own children) comprised 24% of Wisconsin households, compared to 30% in 1970. Like the rest of the country, the 1950s "Ozzie and Harriet" picture has changed to the "Friends" of the 21st century. Additionally, family size has decreased: the average household size in Wisconsin 50 years ago was 3.4 persons; in 2000, it was 2.5 persons.

Vital statistics: Births to single mothers have increased slightly from 25% in 1991, 27% in 1993 and 1995, and 28% in 1996 and 1997 to 31% in 2003. The marriage rate in 2003 was 6.3 per 1,000 total population, lower than the U.S. 2003 provisional marriage rate of 7.6. The divorce rate per 1,000 residents has remained fairly static since 1993 hovering at 3.5 to 3.1 in 2003; this rate is consistently lower than the U.S. provisional divorce rate of 3.8 in 2003. Fifty-four percent of Wisconsin divorces in 2003 involved families with children under 18 years of age. In 2003, there were 42,040 deaths in Wisconsin for a rate of 8.4 per 1,000 population, slightly lower than recent years; this rate is similar to the U.S. rate.

Racial and ethnic characteristics: 2000 was the first year that census respondents were allowed to identify themselves as being of more than one race and about 1.2% of Wisconsin individuals selected multiple races. Therefore, comparisons of race/ethnic groups in Wisconsin are approached cautiously. From the 2000 census, single race and ethnic categories were the following: 88.9% White, 5.7% Black, 0.9% American Indian, 1.7% Asian (Hmong and Laotian are the two largest Asian groups), 1.6% other races, 1.2% two or more races, and 3.6% of Hispanic origin, any race. Wisconsin has 11 Indian reservations, and in 2000, the American Indian population was 47,228, a 21.1% increase from 1990.

In 2000, almost 76% of Wisconsin's Blacks lived in Milwaukee County. Two counties, Milwaukee and Racine, have Black populations that are more than 10% of the population; Milwaukee (24.6%) and Racine (10.5%). Also, for the first time, more than half of Milwaukee County's population was non-White. Thirty-nine percent of Wisconsin's children live in the southeastern portion of the state which includes the county and city of Milwaukee.

Selected indicators of child well-being in Wisconsin

Since 1990, Wisconsin's percentage of children has decreased from 14.9 in 1990 to 11.2% in 2000. Although poverty rates in 2000 for all race and ethnic groups decreased since 1990, the table below shows that minorities carry the burden of poverty in Wisconsin.

SEE III. A. Attachment
(Table 1 - Children Living in Poverty)

Income and Poverty

Wisconsin, overall, does well compared to the rest of the nation for indicators of income and poverty. In 2004, Wisconsin's not seasonally adjusted unemployment rate was 4.9%, compared to the U.S. rate of 5.5%. Although seven percent of White women live in poverty in Wisconsin (one of the lowest percentages for White women in all but 7 states), 30% of Black women, 20% of American Indian women, 21% of Hispanic women, and 16% of Asian women live in poverty. The unemployment rate for Black women in Wisconsin is nearly twice as large as Black women nationally, and Black women here are three times as likely to live in poverty as White women. Children in Wisconsin are more likely to live in poor families; the disparity of the percentage of Black children living in poverty is six times greater than White children, is greater than any other state, and is exceeded only by the Black/White

child poverty of Washington, D.C. The poverty rate for Black families in Wisconsin was 39%, the fourth highest in the country. Also, in 2000, nearly one-third of Blacks in metropolitan Milwaukee lived in poverty -- a rate seven times greater than for Whites in the same area. Overall, the percentage of children under 18 who live in poverty in Wisconsin is 11%. The range of the percentage of children who live in poverty by county is significant, from the counties with the highest poverty rates for children (Menominee at 39.6%, Milwaukee at 23.3.%, Vernon at 22.8%) to the counties with the lowest poverty rates for children (Ozaukee at 2.6%, Waukesha at 3%, and St. Croix at 3.9%). About 25% of American Indian and Asian American single-mother families in Wisconsin are poor, as is about one-third of Hispanic single--mother families.

Wisconsin's Racial and Ethnic Composition and Health Disparity

It is expected that Wisconsin's population will continue to increase in racial and ethnic diversity to further enrich the state. The population of Wisconsin is primarily non-Hispanic White (89% in 2000). The racial and ethnic groups of Blacks, American Indians, Southeast Asians, and Hispanics report a youthful age structure with proportionately more women entering the childbearing ages.

In 2000, Blacks represented the largest racial minority group comprising about 5.7% of the total population. The Hispanic-origin population (of any race) constituted the second largest minority group in Wisconsin (3.6%). Although births to Hispanic women still constitute a small percentage (7.9%) of Wisconsin's total 2003 births, this percentage of Hispanic births has tripled in the last ten years. The American Indian population in Wisconsin includes several distinct nations: the Chippewa (Ojibwa), Oneida, Winnebago, Menominee, Stockbridge-Munsee, and the Potawatomi. The 2000 Census count was 47,228 American Indians in Wisconsin, an increase from 38,986 in 1990. The Southeast Asian population (includes people of diverse national origins to include Hmong, Laotian, Vietnamese, Thai, and Cambodian) has grown from 52,782 people in 1990 to 88,763 in 2000.

The following table, from the Anne E. Casey Foundation, Kids Count 2004 Data Book Online, presents major indicators of child well-being in Wisconsin compared to the U.S. in 2001.

SEE III. A. Attachment
(Table 2 - Child Well-Being Indicator)

Compared to other states, using these indicators, Wisconsin's overall rank is 11. These indicators do not reflect the significant disparities by racial/ethnic group in the state; selected indicators are discussed below:

• Infant mortality -- Often used as a measure of a society's overall well-being, is a significant issue in Wisconsin. The overall infant mortality in 2003 was 6.5 per 1,000 live births; the White rate was 5.3, a slight decrease from 5.5 in 2000, and a marked decreased from 7.0 in 1993. The Black infant mortality rate in 2003 was 15.3; in 1997 it was at its lowest for the past two decades at 13.4. Since then it increased steadily, to 18.7 in 2001, and aside from some fluctuations to the 1997 rate, it is essentially the same now as it was in 1980 at 18.2. In fact, because Black infant mortality has improved in other states, from 1999-2001 Wisconsin dropped to among the lowest, ranking 32 among 34 states. There are too few infant deaths in the other racial/ethnic groups to calculate annual rates. Therefore, the following three-year averages from 2001-2003 are American Indian: 12.9, Hispanic: 6.9, Asian (Laotian/Hmong): 7.6.
• Low birth weight/ preterm -- In 2003, in Wisconsin, 6.6% of all births were infants with low birth weight, Black infants (13.2%) were about 2 times as likely as White infants (5.8%) to be born low birth weight. Also in 2003, 11.0% of infants were born prematurely, with a gestation of less than 37 weeks; non-Hispanic Black women had the highest percentage of premature babies at 16.7%, followed by American Indian and Laotian/Hmong women at 11%, and White Hispanic women at 10%.
• First trimester prenatal care -- Overall, in 2003, 84.7% of pregnant women in Wisconsin received first trimester prenatal care. Among Black and American Indian women, 73.5% and 71.0% respectively, received prenatal care during the first trimester, compared to 88.3% for White women, followed by Hispanic women with 71.0%, and Laotian/Hmong with 54.2%.

• Teen birth rate -- In 2003, for teens <20 years, there were 6,317 births (rate of 32.5 per 1,000); by race/ethnic groups, there are disparities with Hispanic teens at the highest rate at 104.9, followed by Black teens (99.9), American Indian teens (76.2), and White teens (20.3). In 2003, as a percentage of all births, 9% were to teens; 24% of Black births to teens, 21% of Laotian/Hmong births to teens, 19% of American Indian births to teens, 16% of Hispanic births to teens, and 6% of White births to teens. Of the 50 largest U.S. cities, Milwaukee had the second highest percent of total births to teens with 2,021 births; these Milwaukee teen births represented 31% of teen births statewide.
• Leading causes of death -- The following table shows the five leading, underlying causes of death in Wisconsin, compared to race groups, all ages, 2003.*

SEE III. A. Attachment
(Table 3 - Percent of Leading Underlying Causes of Death by Race, Wisconsin, 2003)

In 2003, the two leading causes of death statewide and for Whites were cancer and heart disease at more than 50%; 42% of all Blacks deaths were from heart disease or cancer, and the percentage of American Indians and Asians dying from heart disease and cancer were similar at 39.9% and 38.5% respectively. Chronic health conditions represented a smaller proportion of overall deaths for minorities because of the higher proportions of deaths in younger age groups such as injury or accidents, which occur more frequently. The third leading cause of deaths for American Indians and Asians was accidents at 10%, compared to 5% overall for Whites and Blacks. Violence (homicide) was the fifth leading cause of death among Blacks at 5% and was not a leading cause of death among other groups or statewide. About 6% of all American Indian deaths were from diabetes, but is not among the five leading causes of deaths for other groups or statewide; most of these American Indian deaths from diabetes were between the ages of 45-74.

FACTORS IMPACTING UPON THE HEALTH SERVICES DELIVERY ENVIRONMENT

Medicaid is the single most important government program to provide access to health care for low and middle income children and families. Today, about 1 in 7 Wisconsin residents rely on Medicaid for comprehensive health care coverage they would not otherwise be able to afford. Four major groups received medical services through Medicaid: the aged, the blind/disabled, the Healthy Start population, and recipients who qualified under the former Aid to Families with Dependent Children (AFDC) standards. Of the total Medicaid-eligible recipients, well over half were eligible through AFDC or Healthy Start, accounting for 19% of Medicaid expenditures. The aged/blind/disabled make up approximately 35% of the eligible population and account for 81% of the program expenditures.

The Wisconsin Medicaid budget continued to increase in 2004, in concert with national budget trends for Medicaid. Total expenditures for the program, rose by 9% in the 2003-04 state fiscal years, compared with the previous state fiscal year. Total expenditures were at $4.4 billion in all funding sources. These budget figures include Medicaid, Badger Care, Family Care, and Senior Care drug benefits. The Legislature in 2005 is deliberating on how to address a $590 million Medicaid budget shortfall. An Assembly Committee on Medicaid Reform has convened to deal with the issue. In general, Governor Doyle's administration has attempted to avoid making major cuts in Medicaid eligibility categories. However, the governor's current budget does contain additional cost saving initiatives. For example, one initiative is to increase the availability of Medicaid managed care for low-income persons who receive Medicaid via Supplemental Security Income. These SSI enrollees currently receive Medicaid via the fee-for-service delivery system.

Wisconsin Works (W-2)

Wisconsin's Temporary Assistance to Needy Families program is referred to as the Wisconsin Works program. It replaced the Aid to Families with Dependent Children program, and it requires recipients to work. As of December 2004, total enrollment in the Wisconsin Works program (W-2) was about 10,800. The 2004 average monthly enrollment was 12,060. Early in 2005, a report by the non-partisan Legislative Audit Bureau (LAB) reported that fewer than 20% of W-2 graduates had jobs that paid more than poverty-level wages a year later; that a fifth of W-2 clients collected checks without any

work or training assignment; and that the state had mistakenly made $3.2 million in client overpayments. The LAB report made a number of recommendations to improve program efficiency.

Blue Cross Blue Shield Grants

Blue Cross Blue Shield asset conversion is an endowed fund that will fund public health projects "in perpetuity". Therefore, we will continue to provide overall project and grant-writing assistance to interested agencies into the future. The first grant cycle began in 2004.

Maternal and child health proposals were well-represented among grant award winners in the first award cycle of Wisconsin's Blue Cross Blue Shield public health initiative. In the implementation (large-grant) category for the University of Wisconsin - Wisconsin Partnership Fund, for example, 10 of 13 funded projects had at least partial focus on maternal issues, children, or families. The funded value of these grants is approximately $4.5 million over three years. These funded projects are:

1. Madison Community Health Center (Adolescents)
2. DHFS (Oral Health)
3. Dane Co. Dept. of Human Services (Home Visiting)
4. WI Women's Health Foundation (First Breath)
5. Aurora Medical Center in Washington County (Fit Kids)
6. Milwaukee Birthing Project (Infant Mortality)
7. Wisconsin Association for Perinatal Care (Peridata)
8. Aurora/Sinai (Safe Mom/Baby -- Domestic Violence)
9. LaCrosse Schools (Healthy Lives for Kids with Disabilities)
10. Great Lakes Inter-Tribal Cooperative (Healthy Children/Strong Families)

The DHFS oral health project deserves particular mention in this context. Title V block grant funded staff had lead responsibility to write one of the only Department-sponsored projects because of the high priority the Department places on oral health. Under the Department's directive, however, virtually all of the $450,000 in the oral health project award is being passed through to community entities, including mini-grants to local health departments in the state's Northern Region. These health departments will implement several preventive strategies with a pediatric focus, including a fluoride varnish initiative.

Reproductive Health and Family Planning Services, Waiver and Outreach Efforts

According to the latest report prepared by the Alan Guttmacher Institute, 634,250 (among the 1,235,190 women in Wisconsin ages 13-44) are estimated to be at risk of unintended pregnancy and in need of contraceptive services and supplies. Of this number, 230,060 are estimated to be at risk of unintended pregnancy and in need of publicly supported contraceptive services: this includes 95,350 under age 20, and 134,710 between the ages of 20-44 and under 250% of poverty. This group is at high risk for unintended pregnancies, and the health, financial, and social consequences to women, children, and families. Low income women are particularly vulnerable to the consequences.

The Wisconsin Medicaid Family Planning Waiver was approved and implemented January 1, 2003, to increase access to family planning services and supplies for low income women (below 185% poverty) ages 15-44. Through the outreach efforts of family planning providers under contract with the MCH-Family Planning Program, over 58,000 women were enrolled in the Waiver Program as of March 31, 2005. This represents approximately 18% of the estimated need for publicly supported services and supplies.

Increasing awareness about the Medicaid Family Planning Waiver, how to enroll, and how to obtain services is a high priority within the MCH-Family Planning Program. The goal is to provide information that will allow women to make informed decisions regarding enrollment. Providers will be encouraged to further collaborate with other community health providers in 2005 and 2006 to increase awareness and to increase access to services. A related priority will be to make contraceptive and related

reproductive services more convenient: to reduce office protocols and other administrative barriers to services. Making services more convenient has considerable potential to enhance outreach success.

Wisconsin is in the midst of dealing with a budget deficit, a declining health care work force, people in need, and negative health outcomes associated with racial disparities. Given the state of Wisconsin's health care delivery environment, some could argue that Title V dollars are needed more today than ever before in order to fill the gaps and meet the needs where no other safety net exists.

B. AGENCY CAPACITY

WISCONSIN STATE STATUTES RELEVANT TO TITLE V MCH/CSHCN PROGRAM AUTHORITY

The Wisconsin Legislature has given broad statutory and administrative rule authority to its state and local government to promote and protect the health of Wisconsin's citizens. In 1993 Wisconsin Act 27, created Chapters 250-255 that significantly revised public health law for Wisconsin and created an integrated network for local health departments and the state health division. In 1998, Public Health Rules HFS 139 and HFS 140 were completed to provide specific guidance concerning the statutory requirements necessary to build the capacity to protect the health of Wisconsin's residents. HFS 139 outlines the qualifications of public health professionals employed by local health departments and HFS 140 details the required services necessary for a local health department to reach a level I, II, or III designation. These important public health statutes provide the foundation and capacity to promote and protect the health of all mothers and children including CSHCN needs in Wisconsin. Chapters 250-255 address the following areas:

Chapter 250 defines the role of the state health officials including the state health officer, chief medical officers, the public health system, the power and duties of the department, qualifications of public health nursing, public health planning, and grants for dental services.

Chapter 251 describes the establishment of local boards of health, its members, powers and duties, levels of services provided by local health departments, qualifications and duties of the local health officer, and how city and county health departments are financed.

Chapter 252 outlines the duties of local health officers regarding communicable disease to include the immunization program, tuberculosis, sexually transmitted disease, acquired immunodeficiency syndrome, blood tests for HIV, and case reporting.

Chapter 253 mandates a state maternal and child health program in the Division of Public Health to promote the reproductive health of individuals and the growth, development, health and safety of infants, children and adolescents. Chapter 253 can be found in its entirety in Appendix XXX. It addresses:
s. 253.06 State supplemental food program for women, infants, and children
s. 253.07 Family planning (Wisconsin Administrative Code Chapter HFS 151 describes family planning fund allocations).
s. 253.08 Pregnancy counseling services
s. 253.085 Outreach to low-income pregnant women
s. 253.09 Abortion refused; no liability; no discrimination
s. 253.10 Voluntary and informed consent for abortions
s. 253.11 Infant blindness
s. 253.115 Newborn hearing screening
s. 253.12 Birth defect prevention and surveillance system
s. 253.13 Tests for congenital disorders
s. 253.14 Sudden infant death syndrome

Chapter 254 focuses on environmental health and includes health risk assessments for lead

poisoning and lead exposure prevention, screening requirements and recommendations, care for children with lead poisoning or lead exposure, lead inspections, lead hazard reduction, asbestos testing, abatement, and management, indoor air quality, radiation, and other human health hazards.

Chapter 255 addresses chronic disease and injuries and outlines cancer reporting requirements, cancer control and prevention grants, breast and cervical cancer screening programs, health screening for low-income women, tanning facilities, and the Thomas T. Melvin youth tobacco prevention and education program.

Other relevant maternal and child health statutes are summarized as follows:
Chapter 143 details services for hearing impaired children to include eligibility requirements for hearing impaired children in need of amplification and services, services available, financial services, and requirements for participating clinical audiologists.

Chapter 146 collapses various miscellaneous health provisions together in one chapter. Several statutes are specific to maternal and child health as follows:
s. 146.0255 Testing infants for controlled substances or controlled substance analogs
s. 146.38 Health care services review; confidentiality of information
s. 146.55 Emergency medical services programs
s. 146.57 Statewide poison control system
s. 146.81 Health care records; definitions
s. 146.815 Contents of certain patient health care records
s. 146.819 Preservation or destruction of patient health care records
s. 146.82 Confidentiality of patient health care records
s. 146.83 Access to patient health care records
s. 146.93 Primary health care program

Additional related statutes include Chapter 20, Subchapter V Human Relations and Resources that:
s. 20.433 Establishes the child abuse and neglect prevention board
s. 20.434 Establishes the adolescent pregnancy prevention and pregnancy services board
s. 20.435 Defines Health and Family Services Department
s. 20.436 Defines the Tobacco Control Board
s. 20.9275 Prohibits funding for abortion-related activities as a result of 1997 Wisconsin Acts 27 and 237

Chapter 46 addresses social services. Specific maternal and child health related statutes are listed as follows:
s. 46.22 County social services funding, power and authority.
s. 46.23 County department of human services, intent, delivery of services plan, and board makeup
s. 46.238 Infants whose mothers abuse controlled substances or controlled substance analogs
s. 46.24 Assistance to minors concerning parental consent for abortion
s. 46.245 Information for certain pregnant women

Chapter 48 is the Children's Code and s. 48.981 addresses abused and neglected children and abused unborn children.

Chapter 49 Subchapter IV addresses Medical Assistance of which the following are of interest for maternal and child health:
s. 49.45(44) Providers in Milwaukee County to provide prenatal, postpartum and young child care coordination for children who have not attained the age of seven
s. 49.46 Medical assistance and recipients of social security aids
s. 49.465 Presumptive medical assistance eligibility

Chapter 51.44(5) creates the authority to implement a statewide program of services for children in the age group birth to 3 who are significantly delayed developmentally regarding cognitive development, physical development, and social and emotional development.

TITLE V MCH/CSHCN PROGRAM'S CAPACITY TO PROMOTE/PROTECT THE HEALTH OF MOTHERS AND CHILDREN INCLUDING CSHCN

The Division of Public Heath (DPH), Bureau of Community Health Promotion (BCHP), Family Health Section (FHS) is designated as Wisconsin's Title V MCH/CSHCN Program. The DPH works in collaboration with numerous state agencies and private organizations, LHDs, and community providers to assure that adequate health care services are delivered to mothers, children, and families in Wisconsin. Highlights from key partnerships will be provided throughout the grant application.

In addition to providing annual funding allocations to local, regional, and statewide agencies and organizations, the agency engages in:
• Promoting and facilitating collaboration among agencies and organizations toward a shared maternal and child health mission as well as help to avoid duplication of effort,
• Enhancing service delivery by working with the agencies' strengths,
• Providing education and training and technical assistance including evidence-based practice,
• Providing data support through SPHERE as well as facilitating data access through vital records, and
• Assuring quality of service delivery.

In conjunction with Wisconsin's strong partnerships and sound public health law, the DPH, BCHP, FHS is well-positioned to provide prevention and primary care services for pregnant women, infants, children including CSHCN and their families that are family-centered, community-based, and culturally appropriate.

Federal grants are the primary source of funding for the majority of public health infrastructure, services and activities in Wisconsin. The amount of state Generated Purpose Revenue (GPR) available to support the Division's capacity for the health of the maternal and child health population, even when state mandates exist, is minimal. Therefore, we are in constant pursuit of additional grants to enhance our agency's capacity in the area of maternal and child health programming. In addition to the Title V Block Grant ($11.2 million), the FHS manages 24 additional grants totaling over $14 million that address a range of maternal and child health related-services such as: screening and early intervention enhanced services, injury prevention and surveillance, maternal and child health services and system building including specific CSHCN activities, and breast and cervical cancer screening for women 35-64 years of age.

Recently, the Family Health Section successfully received three new grants:
• A federal MCHB Maternal and Child Health Improvement Project for CSHCN to enhance Early Hearing Detection and Intervention (EHDI) (which we named Wisconsin Sound Beginnings);
• A federal MCHB President's New Freedom Initiative State Implementation Grants for Integrated Community Systems for CSHCN (which we refer to as Wisconsin Integrated System for Communities Initiative (WISC-I); and
• The CDC funded Wisconsin Early Hearing Detection and Intervention (EHDI) Tracking, Referral, and Coordination Project (which we call WE-TRAC).

STATE PROGRAM COLLABORATION WITH OTHER STATE AGENCIES AND PRIVATE ORGANIZATIONS

The Wisconsin Title V MCH/CSHCN Program is committed to strong state and community program collaboration including the coordination of health services as appropriate. Regular partners include Wisconsin's major hospitals, universities, research centers, private organizations, nonprofit groups, community-based organizations, and local health departments. Approximately 60% of Wisconsin's Title V funds are released as "local aids" either as a non-competitive performance-based contract to LHDs who have "first right of refusal" or as a competitive Request for Proposal (RFP) for specific, statewide or regional initiatives. Five statewide projects will begin July 1, 2005 through December 31, 2010, that will address services to: improve infant health and reduce disparities in infant mortality;

support a genetics system of care; improve child health and prevent childhood injury and death; improve maternal health and maternal care; and create a parent-to-parent matching program for families with CSHCN. A new cycle for the Regional CSHCN Centers will begin January 1, 2006 through December 31, 2010 and will be aligned with the six federal core outcomes as part of the President's New Freedom Initiative. In addition, Regional CSHCN Centers will partner in the implementation of Wisconsin's new MCHB funded CSHCN Integration grant. Recently, HRSA selected Wisconsin as one of seven Leadership States to help promote the implementation of the six core components of a community-based system of services through the Medical Home concept.

STATEWIDE MCH PROGRAM COLLABORATIONS

Improve Infant Health and Reduce Disparities

The Infant Death Center of Wisconsin (IDC-W) is funded through June 30, 2005 to provide Statewide Services for Sudden, Unexpected Infant Death. The mission is to: 1) Provide bereavement information, counseling and support, in a culturally competent manner, to families and others affected by the sudden and unexpected death of an infant, 2) Engage in collaborative outreach, education, and infant mortality review activities to improve the health of infants and reduce infant deaths, and 3) Maintain data on sudden and unexpected infant death in partnership with the public health system and national infant mortality review program. In 2004, 199 families or other individuals affected by a sudden or unexpected infant death received bereavement support services from the IDC-W. Seven parents were trained to provide peer support. Coroners and Medical Examiners received education related to cause and manner of death in sudden and unexpected infant deaths. Focus groups were held with African Americans to improve delivery of the SIDS risk reduction message. IDC-W provided leadership and facilitation for Healthy Babies teams and continued collaborative efforts with the Healthy Start projects, Milwaukee Fetal Infant Mortality Review (FIMR) Program, Milwaukee hospital QI group, Black medical providers in Milwaukee, and the March of Dimes.

Beginning July 1, 2005, the new statewide collaboration will focus on the following activities: 1) Support coalition building for the Healthy Babies in Wisconsin initiative, 2) Provide education on evidence-based strategies that improve infant health and reduce disparities in infant mortality, 3) Provide bereavement support services to families and others who are affected by a sudden or unexpected infant death, and 4) Establish a pilot project that supports healthcare providers and community organizations to implement strategies to reduce the risk of SIDS and infant mortality. Project activities are based on a lifespan approach, evidence-based practices identified by the Perinatal Periods of Risk data model, recommendations from the Milwaukee FIMR, and core competencies identified for bereavement counseling for SIDS and infant mortality.

Statewide Genetics System

The University of Wisconsin-Madison Clinical Genetics Center is funded through June 30, 2005 to provide a Statewide Genetic Services Network. The intent of the Statewide Genetic Services Network is to provide both direct and indirect services so that as large a population of individuals and families with genetic disorders as possible can be cared for. Direct services are provided through clinics in eight cities throughout the state of Wisconsin. Indirect services include educational and training programs throughout the state targeting both consumers and professionals. In 2004, 655 families or individuals affected by a genetic condition were seen in clinical genetics clinics supported by the Statewide Genetic Services Network, and approximately 2,900 individuals were reached through educational presentations. In addition, the Statewide Genetic Services Network supports the Wisconsin Teratogen Information Service and the Wisconsin Stillbirth Service Program. The Teratogen Information Service provides consultations regarding pregnancy exposures. In 2004, 282 consultations were provided through the Teratogen Information Service. The Wisconsin Stillbirth Service Program is a University of Wisconsin and community collaboration involving approximately 70 birthing hospitals. It is an unreplicated service and unique model of care that provides expert consultation regarding the otherwise underserved population of families who have experienced stillbirth. In 2004, 74 consultations were provided through the Wisconsin Stillbirth Service Program.

Beginning July 1, 2005, the new Statewide Genetics System will focus on the following priorities: 1) Establish a genetics advisory committee, 2) conduct comprehensive genetics needs assessment activities, 3) form a genetics specialty care providers network, 4) provide genetics education for providers and consumers, and 5) provide direct clinical genetics services to underserved populations. Project activities are based on recommendations made in the Genetic Services Plan for Wisconsin.

Improve Child Health and Prevent Childhood Injury and Death

Beginning July 1, 2005, the new statewide collaboration will focus on a statewide system to improve child health and prevent childhood injury and death. This focus relates directly to the State Health Plan, Healthiest Wisconsin 2010, and the Governor's KidsFirst agenda. The program supports all three of the overarching Healthiest Wisconsin 2010 goals (eliminate health disparities, promote and protect health for all, transform the public health system). It specifically supports system priorities for community health improvement processes and coordination of state and local public health system partnerships, and intentional and unintentional injuries and violence. The program promotes the Safe Kids, Strong Families, and Healthy Kids components of Governor Doyle's plan to improve the lives of Wisconsin children, specifically supporting reduction of family violence, ensuring safe routes to school, promoting child transportation safety, connecting families with support services, and improving the child support system.

This project will focus on the following activities: 1) Further develop, coordinate and strengthen the statewide system of childhood injury prevention through a multidisciplinary collaboration of public and private sector agencies and advocates, 2) Identify and address emerging issues of importance in the areas of childhood injury prevention and child health, 3) Assist local public health departments and other community-based agencies in developing and implementing childhood injury-prevention programming based on promising or best practices, or on evidence-based decision-making, and 4) Create a local/regional Child Death Review pilot by overseeing the formation of teams that thoroughly review deaths of Wisconsin children 17 years and younger. It is hoped that over time regional child death reviews will lead to statewide and local prevention efforts that may involve education programs, training, environmental modification, legislative/regulatory recommendations, etc.

Improve Maternal Health and Maternal Care

The Wisconsin Association for Perinatal Care is funded through June 30, 2005 for the Statewide Perinatal Health System Building Program. The mission of WAPC is to improve perinatal outcomes by: 1) Leading collaborative efforts that promote, develop, and coordinate systems of perinatal care in Wisconsin, 2) Providing and supporting professional educational programs that focus on the continuum of perinatal care, 3) Valuing and engaging the talented and diverse community of perinatal health care advocates, and 4) Increasing public awareness of perinatal health. In 2004, more than 700 perinatal professional participated in educational opportunities sponsored by WAPC including an annual conference and regional forums on Perinatal Mood Disorders. Additional education was provided through publications, toolkits, position statements, manuals, study modules, and the WAPC website. Two Healthy Babies Action Teams were assisted with a facilitated discussion on unlearning racism and development of a poster to increase awareness of stress during pregnancy. WAPC supported the work of the State Maternal Mortality Review Program and the Maternal Child Health Advisory Group. In addition, WAPC has collaborated with the Center for Urban Population Health to develop PeriData, a new web-based perinatal database.

Beginning July 1, 2005, the new statewide activities will be to: 1) Provide supportive services for the State of Wisconsin Maternal Mortality Review Program, 2) Provide education on evidence-based practices that improves maternal health and maternal care, 3) Promote preconception services for women of reproductive age, and 4) Establish a pilot project that supports healthcare providers to increase risk assessment and follow-up services for women during the preconception, prenatal and interconceptional periods. Project activities are based on a lifespan approach, evidence-based practices identified by the Perinatal Periods of Risk data model, and recommendations from the

Milwaukee Fetal Infant Mortality Review.

The DPH implemented the Maternal Mortality Review Program in 2001 to assess, reduce, and prevent pregnancy-associated death among women in Wisconsin by identifying women who died during pregnancy or within one year of termination of pregnancy. Data abstraction is conducted regarding individual and clinical risks, health care utilization, and community services. Case-specific data is summarized and presented to a multi-disciplinary team for a systematic review of important contributing factors amenable to modification or prevention. Through a team process, recommendations are made for policies, services, and programs to improve maternal survival. The work of the Case Review Team was published in the Wisconsin Medical Journal. Pregnancy-related deaths in Wisconsin are generally similar to those of the U.S. population overall and recommendations include: addressing racial disparities, assuring the performance of autopsies, lifestyle changes related to obesity and smoking, and management of embolic and cardiovascular disease, as well as postpartum hemorrhage.

Improve Parent Support Opportunities for Families with CSHCN

The Regional CSHCN Centers were charged to promote a parent-to-parent support network to assure all families of CSHCN have access to parent support services. The County Parent Liaisons (CPLs) worked with the Regional CSHCN Centers to determine what opportunities are available for families to receive support from other families. Many opportunities were identified such as over 200 parent support groups being identified and entered into the First Step database. A formal way to match a parent to another parent was not found. After researching 29 other state models, a Parent-to-Parent Matching Program for families with CSHCN was developed and funding provided by Title V through a competitive grant process. The Parent-to-Parent Matching Program will begin active outreach to families and anticipates serving 400 families with the intent to promote a comprehensive and individualized matching program based on family-centered and culturally effective practices that is available to all families across the state who have a child with special health care needs.

Regional CSHCN Program Collaborations

Regional CSHCN Centers: The State CSHCN Program, through a competitive process in 1999, established five Regional CSHCN Centers located in each DPH region to form a statewide, integrated system for children with special health care needs and their families by increasing the capacity of local communities to serve families. The creation of the Regional Centers was in response to a series of assessments conducted throughout Wisconsin with families and providers along with technical assistance from national experts over the course of several years. Families and providers indicated a need: for easy access to information, referral and follow-up services; wanted access to technical assistance and educational opportunities; and recognized a need for care coordination services that included health benefits counseling. In addition, families wanted to be linked to the parent support services such as parent-to-parent networks. The goals of the Regional CSHCN Centers are to:
• Provide a system of information, referral, and follow-up services so all families of children with special health care needs and providers have access to complete and accurate information.
• Promote a parent-to-parent support network to assure all families have access to parent support services and health benefits counseling.
• Increase the capacity of LHDs and other local agencies, such as schools, to provide service coordination.
• Work to establish a network of community providers of local service coordination.
• Initiate formal working relationships with LHDs and establish linkages for improving access to local service coordination.

Each Regional CSHCN Center has distinct characteristics (located in regional hospital, children's hospital, academic training center, local health department, and family resource center) that collectively present a variety of viewpoints and areas of interest and influence. Currently, Title V block grant dollars are provided to local agencies in every county through contracts with the Regional CSHCN Centers. The Regional CSHCN Centers have established a network of CPLs. Many CPLs

are directly connected to the local health department or other community agency.

The Regional CSHCN Center model will be refined based on lessons learned over the past six years and focused on the six core (national) outcomes.

Statewide MCH Hotline

Public Health Information and Referral (PHIR) Services for Women, Children and Families (hotline services) - Gundersen Lutheran Medical Center - LaCrosse provides services for the PHIR Services for Women, Children and Families contract. The contract supports services for three different hotlines that address a variety of MCH issues to include: Healthy Start, Prenatal Care Coordination (PNCC), WIC, family planning, and women's health issues. One hotline, Wisconsin First Step, is specifically dedicated to supporting the needs of the Birth-3 Program, the Regional CSHCN Centers, and providing information and referral services to individuals, families, or professionals needing to find resources for CSHCN.

In 2004 the MCH Hotline received 8,549 calls; an increase of 516 calls from 2003. Just over 3% of the calls required Spanish translation. The Wisconsin First Step Hotline received 2,103 calls in 2004; an increase of 604 calls from 2003. In addition to the toll-free hotlines, the website www.mch-hotlines.org has become a well-utilized resource. In 2004 the website received approximately 35,000 hits to the entire site. A searchable database feature was added to the website in 2003 and is powered by Resource House software. The implementation of this search engine provides users with the ability to query information in a taxonomy (or classification terms) to better accommodate their information and referral needs search. In addition, in 2004 a pregnancy assessment tool and a user feedback form were added to the website and work has begun to translate the website pages in Spanish. (Note: because of contract difficulties with the web developer data available was sparse and limited for 2004. The contractor has now integrated the website with their agency's web and will receive support accordingly). The annual formal update to the database occurs in the fall.

OTHER KEY STATE COLLABORATIONS

Reproductive Health Services

In 2004, the DHFS established a Family Planning and Reproductive Health Council. Its role is to provide advice to the Secretary and foster internal Departmental coordination to insure access to cost-effective family planning services and reproductive health care. Through this Council, collaboration among the MCH's Family Planning Program, the Wisconsin Medicaid Program (which administers the Medicaid Family Planning Waiver), and external health care providers has significantly increased. As a result of this collaboration we have seen the Family Planning Waiver become successful in Wisconsin. Through December 31, 2004, 55,515 women were enrolled; representing approximately 17% of the estimated Waiver eligible population.

MCH Advisory Committee

The MCH Advisory Committee consists of about 40 diverse members representing various backgrounds who come together on a quarterly basis for the purpose of advising the Division of Public Health on important maternal and child health issues as requested. The meetings provide the members with current information, encourage sharing and networking of pertinent information, and the opportunity to discuss issues related to the MCH program. Its diverse membership fosters the development of informal relationships with representative of a broad range of entities. Membership includes parents, and representatives of local health departments, nonprofit agencies, tribal agencies, and academic institutions.

Each year the MCH Advisory Committee selects a primary content focus. In 2004, the MCH Advisory Committee identified Early Childhood Comprehensive Systems. Members were briefed on state and national ECCS efforts and activities. Committee comments were solicited on the year-one progress

report and year-two plan. Advisory committee members formed three subcommittees to further explore ECCS issues: 1) Health in Child Care, 2) Qualitative Needs Assessment, and 3) Milwaukee Focus. Each subcommittee was facilitated by a committee member and MCH program staff person. Subcommittees identified children's needs across the ECCS component areas and identified strategies to address needs. In addition, the Health in Childcare subcommittee reviewed a summary and suggestion paper, the Qualitative Needs Assessment subcommittee reviewed examples of responses from parent focus groups and key informant interview, and the Milwaukee Focus subcommittee reviewed and commented on the Milwaukee area environmental scan. The ECCS federal contact, Joe Zogby, recently attended one of the MCH Advisory Committee meetings.

Throughout the year, committee members were kept apprised of the Blue Cross/Blue Shield asset conversion funds available through the Medical College of Wisconsin and the University of Wisconsin Medical School. Several members were involved in the preparation and submittal of applications. Members also received regular updates on previous key issues explored by the committee, including medical/ dental home and perinatal disparities and general federal updates regarding Title V.

C. ORGANIZATIONAL STRUCTURE

On January 6, 2003, Jim Doyle was sworn in as Wisconsin's 44th Governor. Concurrently, Barbara Lawton was sworn in as Wisconsin's first female elected Lieutenant Governor. Through her work, such as her Wisconsin Women = Prosperity initiative, she has championed women's health issues.

Prior to serving as Governor, Mr. Doyle was the state Attorney General for 12 years and known as a national leader in the fight to improve public health through his successful lawsuit against the tobacco industry. Today, Governor Doyle considers children a high priority. In order to invest in Wisconsin's future he developed an ambitious initiative known as the KidsFirst Agenda. Governor Doyle believes "that the single most important thing we can do today to ensure a strong, successful future for Wisconsin is to invest in our kids early ….because what we do now will determine what kind of state Wisconsin will be 10, 20, even 50 years from now" (KidsFirst 2004). KidsFirst has four parts: Ready for Success; Safe Kids; Strong Families; and Healthy Kids. We are working to implement the Governor's KidsFirst effort which will contribute to improving the health of children by:

- Providing all children with health care coverage
- Improving oral health care
- Immunizing children on time
- Serving kids a healthy school breakfast
- Ensuring eligible families receive food stamps
- Teaching children fitness and nutrition for life
- Reducing youth smoking
- Stepping up efforts to reduce teen pregnancy
- Reducing children's exposure to lead paint
- Helping kids with asthma
- Giving infants a healthy start
- Promoting early childhood mental health

A copy of the publication can be found at www.wisgov.state.wi.us.
In July 2004, the Governor requested that DHFS implement the Public Health Restructuring Plan with the purpose to focus and streamline the role of state government to: improve state agency operations and to free up resources to invest in local government and other public health partners and shift some regulatory and case specific services to the local level where they can be performed more efficiently and effectively. Governor Doyle remains committed to reducing the size of state government which includes the number of state employees (or full time equivalents).

Governor Doyle named Helene Nelson as the Secretary of the Department of Health and Family Services. She is an experienced executive in state and county government and served under four different governors as Deputy Secretary or Chief Operating Officer for five state agencies: Revenue; Transportation; Health and Social Services; Industry, Labor and Human Relations; and Agriculture,

Trade and Consumer Protection. In April 2005, Roberta Harris was appointed as the Deputy Secretary and will serve as chief operating officer for the Department overseeing internal management on behalf of the Secretary. She is recognized as a highly effective leader in the Milwaukee community and will be sharing her time between Madison and Milwaukee focusing on the Governor's KidsFirst agenda.

There are seven major divisions/offices in the Department of Health and Family Services. Official and dated organizational charts are on file in the state office and available on request or accessible via the website at www.dhfs.state.wi.us/organization/dhfs/functions.pdf. A brief summary of each division/office follows.

The Office of Legal Counsel (OLC) is an office within DHFS which serves the Secretary and acts as a resource for the Department as a whole. The mission of OLC is to provide effective and accurate legal services and advice to the Department.

The Office of Strategic Finance (OSF) provides department wide planning, budgeting, evaluation and audit services.

The Division of Management and Technology (DMT) provides management support for fiscal services, information technology, personnel, affirmative action and employment relations.

The Division of Children and Family Services (DCFS) focuses on issues, policies and programs affecting children and families from a social service perspective, and has the responsibility for the regulation of the child welfare programs.

The Division of Disability and Elder Services (DDES) is responsible for 1) long term support for the elderly and people with disabilities including the Birth to Three Program, 2) mental health and substance abuse services and 3) regulation and licensing.

The Division of Health Care Financing (DHCF) is responsible for administering the Medical Assistance (Medicaid), Food Stamps, Chronic Disease Aids, Health Insurance Risk Sharing Plan (HIRSP) and General Relief programs.

The Division of Public Health (DPH) is responsible for providing public health services, and environmental and public health regulation. The Division has programs in the areas of environmental health; occupational health; family and community health including injury prevention, emergency medical services, chronic disease prevention and health promotion; and communicable diseases. It is also responsible for issuing birth, death, marriage and divorce certificates as well as collecting statistics related to the health care industry and the health of the people in Wisconsin. Coordination and collaboration with other DHFS divisions and within DPH's bureaus is expected and regular, especially for particular programs and topic areas such as CSHCN, teen pregnancy prevention, STIs, tobacco use, child abuse prevention, etc.

The DPH Administrator position has been vacant for nearly two years. As of July 11, 2005, Dr. Sheri Johnson will assume the position as Division of Public Health Administrator and Herb Bostrom, currently Interim Administrator, will become Deputy Administrator. Dr. Johnson holds a M.A. and Ph.D. in Clinical Psychology from Boston University with clinical fellowship experience from Harvard Medical School. Her interests and experiences include trauma, HIV/AIDs, foster care, and community influences on child and adolescent development. She has conducted research on addressing racial disparities and assuring cultural competence in health care.

With the restructuring completed in July 2004, five bureaus were formed (reduced from six bureaus) within the DPH:

The Bureau of Community Health Promotion (BCHP) has a primary responsibility to provide a statewide model of integrative public health programming across the life span. The Bureau has key

relationships with local health departments, community-based organizations, private voluntary organizations, and academic and health care provider networks.

The BCHP contains four organizational sections: Family Health; Nutrition and Physical Activity; Chronic Disease and Cancer Prevention; and the Tobacco Prevention Program. The BCHP has over 100 employees, doubling in size as two bureaus merged together as part of the restructuring plan.

Within the BCHP, the Family Health Section has responsibility for the Title V Program and to improve the health of women, infants, children including Children with Special Health Care Needs Program (CSHCN), teens, and families as they progress through the critical developmental milestones of life. A major emphasis of the programs within the Family Health Section involves prevention (including injury prevention and sexual assault prevention), early screening, and early intervention. Examples of the continuum include newborn screening, universal newborn hearing screening, early identification of pregnancy, and breast and cervical cancer screening. A more detailed description is found in Section D.

The Nutrition and Physical Activity Section has responsibility for a variety of public health nutrition education and food programs. WIC (The Special Supplemental Nutrition Program for Women, Infants and Children) and WIC FMNP (Farmers' Market Nutrition Program) provide both supplemental nutritious foods and the critical nutrition information needed for healthy growth. TEFAP (The Emergency Food Assistance Program) and CSFP (Commodity Supplemental Food Program) provide USDA commodity foods to low income families. Several nutrition education programs such as the Nutrition and Physical Activity Program, 5 A Day for Better Health, and the Food Stamp Nutrition Education Program to promote healthy eating and physical activity for good health. The Section is also responsible for addressing food insecurity and hunger.

The Chronic Disease and Cancer Prevention Section has responsibility to plan, promote, implement, and evaluate comprehensive population and evidence-based programs using best practices in the following areas: Diabetes Prevention and Control, Cardiovascular Health, Arthritis Prevention and Control, and Comprehensive Cancer Prevention and Control.

The Tobacco Prevention Section has responsibility to reduce tobacco use and exposure in every Wisconsin community. This is accomplished through programs that use best practices to prevent the initiation of smoking by youths and adults, promoting treatment for persons with tobacco-related addictions, and protecting all residents from exposure to environmental smoke.

The Bureau of Communicable Diseases and Preparedness is responsible for the prevention and control of communicable diseases in Wisconsin and for ensuring that the public health and hospital systems are fully prepared for bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

The Bureau of Environmental and Occupational Health promotes public health through statewide programs to increase public awareness of environmental and occupational health hazards and disease and works to prevent and control exposure to environmental and occupational health hazards.

The Bureau of Health Information and Policy's primary responsibilities are to: collect, maintain and provide vital records for the citizens of the state; integrate and manage major public health related information systems; collect, protect, disseminate and analyze health care and population-based health data needed to conduct critical state business; and support a division-wide planning and policy focus on population health that will result in achieving the goals set out in the state health plan, Healthiest Wisconsin 2010.

The Bureau of Local Health Support and Emergency Medical Services has a primary responsibility to build partnerships and to provide leadership and support through the development and recommendations of statewide policy related to the Wisconsin Public Health System and emergency

medical services community.

The Regional Offices of the Division of Public Health primarily function as information pipelines through which central office and local health departments communicate.

D. OTHER MCH CAPACITY

In FFY 04 Wisconsin's Title V award was reduced to $11,219,694 due to changes made in the federal population-based formula for distribution of funds to states (based on the number of children in poverty), and the discrepancy between the President's budget and what Congress finally agreed upon for a final block grant funding level. This is a notable difference from the amount awarded to Wisconsin in 2002 of $11,944,802. As a result of this reduction, we had to reduce local aids (one-time) by 5% and reduce state operations by 15% beginning July 1, 2004 with a total ongoing reduction of 19% to be achieved by 2007.

As a result of the DPH restructuring, the Family Health Section contains two units: the Maternal and Child Health Unit (which includes the Children with Special Health Care Needs Program) and the Well Women Program Unit. In addition to the two units, several lead teams and separately recognized programs are included in the Family Health Section, i.e., Early Screening and Intervention Team, Injury Prevention Team, Comprehensive School Health Program, Organ Donor Program, and Statewide System Development Initiative. The teams and programs report directly to the Family Health Section Chief. In total, the Family Health Section is responsible for approximately 43 staff.

The number of Title V MCH/CSHCN Program authorized FTEs has decreased from 46.53 in 2003 to 40.84 for 2006. (We expect that the authorized FTEs will be further reduced in 2007 to achieve the total ongoing reduction of 19%.) Following is a point-in-time explanation of where Title V funds are used to support FTEs within the Family Health Section and elsewhere within the DPH.

The BCHP office supports 3.45 FTEs to include: the Bureau Director, Chief Medical Officer, Chief Dental Officer, and the bureau program assistant. (The Bureau Director position has recently become vacant.)

Family Health Section staff funded with Title V dollars includes: Susan Uttech as the Family Health Section Chief, Sharon Fleischfresser as the Medical Consultant for the CSHCN Program, Patrice Mocny Onheiber as the MCH Unit Supervisor, a program assistant, SPHERE data consultant, and an injury prevention nurse consultant totaling 5.75 FTES. In addition, the SSDI Coordinator is located in the Section supported with SSDI grant funds. The Early Screening Team, lead by Dr. Fleischfresser, plays an integral role regarding key screening programs within the Section, i.e., the Congenital Disorders Program and the Universal Newborn Hearing Screening Program and its data tracking system known as WE-TRAC. The Injury Prevention Team is lead by Linda Hale. Activities include EMSC, fall prevention and research, core surveillance, sexual assault prevention, and Wisconsin Violent Death Reporting. Claude Gilmore is the Director for the Comprehensive School Health Program working closely with the Department of Public Instruction. The Organ Donor Program is also a part of the Family Health Section requiring close collaboration with the Wisconsin Donor Network, the University of Wisconsin Hospital, and the Wisconsin Coalition on Donation. All of these programs are supported with funds other than Title V, yet work to someone "outside" appears seamless.

The MCH Unit including the CSHCN Program has authority to support 16.8 FTEs. However, currently only 12.8 FTE positions are filled of which four staff are solely dedicated to the CSHCN Program. The MCH Unit has:

- Four public health nurses who address: maternal and perinatal health; infant and young child health; child health; adolescent health; women's health; and children with special health care needs.
- Five public health educators who address: MCH general health education; reproductive health and family planning; school-age and adolescent health; and children with special health care needs.
- Two epidemiologists (one who is dedicated to the MCH Program and one who is dedicated to the CSHCN Program).

• Two program assistants.

The Abstinence Consultant is located in the MCH Unit but the position is funded with abstinence-based funds. Also, the ECCS Coordinator is placed within the MCH Unit and funded with ECCS grant dollars. The remaining 4.0 FTEs remain vacant due to Tile V fiscal constraints.

There are a remaining 14.84 FTEs within DPH funded with Title V Funds.
• Within the Nutrition Section we support a .32 FTE publications coordinator.
• Within the Bureau of Environmental and Occupational Health we support a Lead Prevention Consultant (.70 FTE) and an Asthma Public Health Educator (.50 FTE).
• Within the Office of Operations Title V supports two .5 FTEs (1.0 FTE) who provide fiscal and administrative duties of grants management.
• Within the five DPH Regional Offices Title V provides the infrastructure for 10.02 FTE that covers (partial) staff time of regional office directors, nurse consultants, health educators, and nutritionists.
• Within the Bureau of Health Information and Policy we support a Policy Coordinator (1.0 FTE) and the State Dental Health Hygienist (1.0 FTE).
• Lastly, .30 FTE is unspecified at this time and noted as vacant.

In addition, parents of children with special needs are actively involved in the planning, implementation, and evaluation of Title V activities. A statewide Family Centered Care Consultant (FCCC) works closely with a strong local parent network consisting of parents at each of the five Regional CSHCN Centers, parent specialists at the First Step Hotline, and CPLs. Title V utilizes parents in a variety of advisory capacities including parent partners on the Medical Home Practice Teams, parents serving as advisors to the Newborn Screening Program, Early Hearing Detection and Intervention Project, Birth Defects and Surveillance Program, and MCH Advisory.

E. STATE AGENCY COORDINATION

COORDINATION OF TITLE V MCH/CSHCN PROGRAM WITH EPSDT, WIC, TITLE XIX, AND BIRTH TO 3

The Title V Program has strong collaborative ties both internally and externally with many agencies and organizations. Following are highlights of some of the stronger collaboratives that exist.

Prenatal Care Coordination

The State Title V MCH/CSHCN Program provides support and technical assistance for the Medicaid Prenatal Care Coordination Program. PNCC services help pregnant women and their families gain access to medical, social, educational, and other services related to pregnancy. Services are available to Medicaid-eligible pregnant women, with a high risk for adverse pregnancy outcomes, during pregnancy through the first 60 days following delivery. During the postpartum period, infants are referred for EPSDT/HealthCheck services.

The State Title V MCH/CSHCN Program collaborates with the State Title XIX Program on many PNCC activities. In 2004, educational sessions on Medicaid case management programs were held at five sites across the state. The initial assessment tool for the PNCC program is being revised to be more user-friendly, allow for coordination with WIC, and allow for data collection in the Secure Public Health Electronic Record Environment (SPHERE). Pilot testing and evaluation of the revised Pregnancy Questionnaire has been completed. Planning is underway for educational sessions to coincide with the statewide implementation of the revised Pregnancy Questionnaire. The training will include education on strength-based approaches to complete the initial assessment. The USDA funded a WIC Special Projects Concept Paper to increase the number of women receiving both WIC and PNCC services. A survey was completed with a sample of WIC and PNCC sites to identify barriers to receiving both services as well as service delivery models that support dual participation. Many PNCC providers participate in the First Breath Program of the Wisconsin Women's Health Foundation. First Breath provides education, support, and resources to help pregnant women quit

smoking. Some local health departments use Title V funds to provide similar services to women who do not qualify for PNCC. These services are targeted to women who are not eligible for Medicaid, or to Medicaid-eligible women who did not qualify for PNCC based on the risk assessment. In addition, a prenatal component is included in the Milwaukee Comprehensive Home Visiting Program.

Birth to 3 Program

The Part C early intervention program called Birth-3 is located in DDES in the proposed Children's Services Section. This Section also administers the Children's Long-Term Care redesign and waiver programs and Family Support. The Title V CSHCN Program works closely with this Section. Wisconsin Sound Beginnings has integrated Early Hearing Detection and Intervention (EHDI) programming with Birth-3 services. MCHB grant funds received by CSHCN have been provided to the Birth-3 Program to improve services for children who are deaf and hard of hearing. The CSHCN Program/Birth-3 have jointly developed and implemented the use of a nutrition screening tool to promote early identification of nutrition service needs. Joint surveys and communication have been developed to inform health care providers about Part C and Title V services. The CSHCN Program and the Birth-3 Program (Part C) pooled resources to fund First Step, a 24/7 toll free hotline (includes TTY and language line) and website for parents and providers of children and youth with special health care needs. Under statute, Birth-3 staff are appointed by the DHFS Secretary to serve on the Birth Defect Prevention and Surveillance Council. The Council advises the Department regarding the Birth Defects Prevention and Surveillance Registry and outreach to family issues.

The CSHCN Medical Director serves on the State's Birth-3 Interagency Coordinating Council and on the newly formed Children's Long-Term Care Committee. The CSHCN Health Promotion Consultant serves on the Birth-3 Autism Services workgroup developing policies and practice standards for county Birth-3 programs regarding children identified on the autism spectrum and receiving in-home autism therapy. The CSHCN Family Centered Care Consultant serves jointly with B-3 Staff as co-leads of the annual Circles of Life Conference, an educational opportunity for families of CSHCN.

HealthCheck - Wisconsin's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program

HealthCheck promotes early detection and treatment of health conditions associated with chronic illness and disabilities in children. This health screening exam for children includes growth and development checks, hearing and vision checks, and immunizations, as well as a complete physical exam. Screening has steadily increased from 65% in 2001, 67% in 2002, and to 71% in 2003. In 2002, 216,345 screening exams were performed to 248,663 in 2003. Since 1992, the screening has increased from 27% to 71% primarily because of the Medicaid Managed Care program. Wisconsin Medicaid data has shown that children in HMOs are more likely to receive a HealthCheck screening exam than children in the fee-for-service system.

In 2005, Title XIX staff included Title V MCH/CSHCN staff in the planning of a statewide training session scheduled for the fall of 2005 on the most current information and requirements for HealthCheck providers.

Coordination with Family Leadership and Support

Title V staff work closely in partnership with a wide variety of Family Leadership and Support Programs and/or Initiatives to develop, plan and implement activities related to families. Coordination occurs with parent organizations such as Wisconsin Family Voices, Wisconsin Family Ties, FACETS, Parents as Leaders and Parents in Partnership Training Initiative, Family Action Network and the Parent-to-Parent Matching Program.

Relationship with Mental Health

The Injury Prevention Program works closely with the Bureau of Mental Health and Substance Abuse

(BMHSA), Mental Health Association of Milwaukee County, and county and local mental health professionals on efforts relating to suicide prevention across the age span. The Injury Prevention Program leads monthly meetings of the Suicide Prevention Initiative which includes mental health representatives as active participants.

In collaboration with many public and private partners including MCH/CSHCN staff, the Wisconsin Initiative for Infant Mental Health (IMH) coordinated the development of the Wisconsin Infant and Early Childhood Mental Health Plan. The CSHCN Health Promotion Consultant serves on the IMH Initiative Steering Committee which lends guidance to the Initiative on implementing the Wisconsin Infant and Early Childhood Mental Health Plan. Now as a request from the Governor, DHFS created an Infant Mental Health Leadership Team to address the infant mental health goal in the Governor's KidsFirst Initiative, support the Infant Mental Health and Early Childhood Plan for Wisconsin, and to spearhead the Department's Infant Mental Health Action Plan. The Leadership Team's charge is to identify ways that DHFS can weave infant mental health best practices and principles into the Department's programs and services in order to promote healthy child development and promote prevention, early intervention and treatment.

An Internal Mental Health/AODA Coordination Committee was established in February 2005 and meets quarterly. This committee is co-chaired by the Director of the BMHSA and the DHFS Youth Policy Director with additional members from the education department, public health, and mental health/substance abuse divisions. The purpose of this committee is to increase and improve inter-divisional and interdepartmental communication and coordination.

In 2005, the DPH, MCH Unit established a State Bullying Prevention Planning Committee. Key members are from public education, public health, medical schools, media, and local community agencies. The general outline of the plan to be developed includes a public awareness campaign, listing of current state and local best practices, establishment of statewide network information sharing process, exploration of policy and legislation strategies and lastly, a link to the Healthiest Wisconsin 2010 State Health Plan.

Through an educational grant from Eli Lilly & Company, the Wisconsin United for Mental Health initiative began in 2002 to help educate and serve as a resource regarding mental illness, postpartum depression and to help reduce the stigma associated with having a mental illness and to encourage people to seek treatment. Spearheaded by the BMHSA and in collaboration with many partners, the CSHCN Health Promotion Consultant serves on the Steering committee.

Other mental health initiatives, councils and workgroups that the MCH/CSHCN program staff serve on are: Mental Health Transition Advisory Council, Mental Health/Bioterrorism Workgroup, Brighter Futures Initiative, and the Wisconsin Brain Team.

Relationship with Social Services and Child Welfare

In Wisconsin, there are seventy-two (72) state-administered public child welfare programs - one in each county with services provided by county human or social service departments and the Bureau of Milwaukee Child Welfare in Milwaukee County. In addition, the eleven sovereign Indian tribes each provides child welfare services. The Division of Children and Family Services (DCFS) is the state child welfare agency that guides, supports, and supervises the delivery of child welfare services at the local level. The state provides approximately half of the funds (including federal funds) for child welfare services and the counties provide the other half per the direction of their individual boards of supervisors.

In 2003, Wisconsin was visited by a team from the U.S. Department of Health and Human Services (DHHS) to review the status of child protection in the state. Wisconsin welcomed the federal Child and Family Services Review (CFSR) as an opportunity to learn about past performance of the Child Protective Service (CPS) system, and to engage many partners in planning and implementing improvements. Wisconsin's Child Welfare Program Enhancement Plan (PEP) is a two-year plan by

which the state and its county and tribal partners can implement system-level change. It was designed to achieve the newly established federal standards for child protective services that are associated with the first-ever, nationwide review of state child welfare systems. The PEP is a product of extensive collaboration and focused particularly on establishing and implementing best practices in child welfare that will meet federal standards. Wisconsin's PEP will lead to better outcomes for children and better help for families. Wisconsin's Child Welfare Program Enhancement Plan was submitted to the U.S. Department of Health and Human Services on April 14, 2004 and approved November 1, 2004 with workgroups formed and implementation strategies planned through 2006. The FHS Chief attends the quarterly planning PEP meetings.

The Wisconsin MCH program maintains a continuing working relationship with DCFS and county social services to enhance services that prevent child abuse and neglect and promote the health and well being of children in out-of-home placement. To implement activities per Memoranda of Understanding with DCFS, the DPH/MCH program has worked closely to promote evidence-based, home visiting programs in 10 sites throughout the state and Milwaukee County to prevent child maltreatment. This also includes DPH close collaboration with the DCFS training contactor, the University of WI-Extension, to provide high, quality training for local staff providing primary prevention home visiting services.

Relationship with Education

The CSHCN Family Centered Care Consultant serves on the advisory board of the Wisconsin School Parent Educator Initiative which promotes parent involvement in the education system for students with disabilities.

The Department of Public Instruction (DPI) received a 5-year State Improvement Grant and developed the Wisconsin State Improvement Plan for Children with Disabilities. This plan provides the foundation, direction, and leadership in the education and lifework planning of students with disabilities. This grant is to assist the department and its partners with reforming and improving state systems providing early intervention, education, and transition services to families and their children with disabilities. As a partner in this project, the CSHCN Health Promotion Consultant sits on the State Improvement Grant Steering Committee. Parts of this plan dovetail into the Early Childhood Comprehensive Systems Grant.

The Department of Health and Family Services (DHFS)/Division of Public Health's Youth Policy Director has been appointed by the State Education Superintendent to serve on the Superintendent's Advisory Council for Alcohol and Other Drug Abuse Programs effective August 1st, 2005 through August 1st, 2008. The goal of this Council is to provide advice to the Department of Public Instruction and the Superintendent on AODA programming, funding, and initiatives that promote the health and well-being of children.

The DHFS/Division of Public Health's Youth Policy Director was asked to serve on the Department of Public Instruction's new Wisconsin Afterschool Network and corresponding Oversight Work Group. The goal of this new Network will be to focus on establishing an infrastructure that can provide advocacy, policy guidance, funding support, training, and technical assistance, as well as the identification of quality program components for afterschool programs in Wisconsin.

Relationship with Early Childhood Comprehensive Systems

With receipt of the Early Childhood Comprehensive Systems (ECCS) grant and the increased MCH state-level capacity, the early childhood years, have become an enhanced focal point within the maternal and child health program. The long term objective of Wisconsin's ECCS project is a major systems building effort and MCH infrastructure realignment. During the past 18 months of MCH leadership in initiating the ECCS project, a shift toward greater communication has evolved among stakeholders from the five component areas, with a growing interest in systems integration for young children and their families.

Relationship with Department of Justice

The Department of Justice is a member of the Injury Prevention Program's CDC grant, Wisconsin Violent Death Reporting System Technical Advisory Board (TAB). It meets twice a year and uses email to disseminate pertinent information and technical support and requests to members. DOJ is also home for the state's Child Death Review Team of which the Chief Medical Officer for MCH, Bureau of Community Health Promotion is a member. Various other Division of Public Health staff attend, e.g., Injury Prevention Team Leader as well.

Relationship with SSA, Voc Rehab, Disability Determination, and Transitions

The Disability Determination Bureau (DDB) within the DHFS has the SSA contract for determining eligibility of all SSI applicants including those under age 16. Each month the DDB sends names of new child applicants and those whose eligibility is under review to the Title V MCH/CSHCN Program. The Program sends these families information about the state's Title V funded Regional CSHCN Centers and other resources. Outreach by these Regional CSHCN Centers includes contact with local SSA and Division of Vocational Rehabilitation (DVR) offices. DVR, SSA, and the Regional CSHCN Centers are among the youth-to-adult transition stakeholders participating with the State CSHCN Program in the Statewide Health and Ready to Work Transition Consortium.

Relationship with AODA

See discussion under "Relationship with Mental Health".

The DHFS/Division of Public Health's Youth Policy Director was asked to serve and represent public health on the AODA State Incentive Grant Advisory Committee staffed by the DHFS/Division of Disability and Elder Service's Bureau of Mental Health and Substance Abuse Services. This committee is charged with the goal to create a state plan to address substance abuse prevention services for youth ages 12 to17. The committee has also embraced the AODA objectives included within the Healthiest Wisconsin 2010 State Health Plan.

Relationship with Federally Qualified Health Centers

Implementation of the Medicaid Family Planning Waiver has been an opportunity for the Title V MCH/CSHCN Program to work in collaboration with FHQCs to promote access to contraceptive services and primary care services.

Relationship with Primary Care Associations

There has been minimal involvement with primary care associations primarily because the Title V MCH/CSHCN Program focus is infrastructure development and system building. The CSHCN Program's medical home initiative works closely with a select group of primary care providers as well as the Reproductive Health Program. More time and effort will be dedicated to developing relationships with key primary care groups in 2006.

Relationship with Tertiary Care Facilities

The Title V CSHCN/MCH Program has established formal partnerships with tertiary care facilities. These relationships have developed over a number of years as Title V/Tertiary Care Facilities have worked together to implement key public health programs. For example the Congenital Disorders Program (newborn screening) has established contracts with major pediatric centers (i.e., Children's Hospital of Wisconsin (CHW), University of Wisconsin Hospital and Clinics including Waisman Center, LaCrosse Gunderson, Marshfield Clinic) to provide diagnostic and treatment services for identified infants. In addition, there are contracts with genetics providers at key tertiary facilities to provide genetics services outreach. More recently the CSHCN Program has worked with tertiary centers to

implement birth defects reporting to the newly established Wisconsin Birth Defects Registry (WBDR). The CSHCN Program as part of its newly funded CSHCN integration grant called Wisconsin Integrated System for Communities Initiative (WISC-I) will be working with the University of Wisconsin-Pediatric Pulmonary Center and CHW to establish mechanisms to transition youth with special health care needs to adult tertiary care.

Tertiary Care Facilities

The number of neonatal intensive care units in Wisconsin has increased from 6 in the 1970s to 19 in 2004. With the increasing number of NICUs there are concerns about the quality of care regarding the attendant loss of coordination of care and more care delivered in smaller units. The Wisconsin Association for Perinatal Care published an article in the Wisconsin Medical Journal and convened meetings on regionalization of perinatal care in Wisconsin. One recommendation is to adopt designations for levels of care published by the American Academy of Periatrics and the American College of Obstetricians and Gynecologists. This would entail discontinuing referring to Wisconsin hospitals by two levels of care and instead use six categories: Level I, Level II A-B, and Level III A-C. WAPC and its partners defined additional steps to address quality improvement, define perinatal outcomes sensitive to quality of care, collect and analyze outcomes data, and continue statewide discussions about the status of regionalized care and outcomes.

Relationship with Public Health, Health Professional Educational Programs, and Universities

The Title V MCH/CSHCN Program in Wisconsin has a long standing relationship between the University of Wisconsin (UW) Schools of Medicine and Nursing, Population Health, and Waisman Center (University Center for Excellence in Developmental Disabilities (UCEDD), Mental Retardation/Developmental Disabilities Research Center (MR/DDRC), and MCHB funded LEND program). Students and faculty from these programs have worked together on a number of public health related activities such as the Needs Assessment, Pediatric Pulmonary Center, Wisconsin Sound Beginnings, and Medical Home Learning Collaborative. The BCHP provides student internship experiences in both the MCH and CSHCN Programs. Also the UW Department of Information Technology (UW- DoIT) is a critical partner in the development of the Public Health Information Network (PHIN). The UW Extension system is a partner in training and education related to MCH related programs such as the home visiting initiative. The MCH/CSHCN Program has also developed collaborative relationships with the State Laboratory of Hygiene, Medical College of WI, Marquette School of Dentistry, the Schools of Nursing at the UW-Milwaukee and Marquette, and the UWM School of Communication, surrounding critical public health issues such as Medical Home, oral health, perinatal care, birth defects surveillance and prevention, and early hearing detection and intervention.

F. HEALTH SYSTEMS CAPACITY INDICATORS

Wisconsin's Health Systems Capacity Indicators (Forms 17, 18, 19) present data demonstrating Wisconsin's ability to understand women's and children's health issues in the context of the Title V MCH/CSHCN Program Block Grant. The population served by Title V MCH/CSHCN Program in Wisconsin is small. Nonetheless, we use these data to strengthen existing programs, examine policy issues, encourage policy development, and program implementation to help women, children, and families. These data also bridge Title V MCH/CSHCN Program services to other public health programs in the DPH and agencies that work with families. Below is a brief summary of each form.

Form 17: Data for #01 for 2004 are not available; these are hospitalization data and collection and reporting is the responsibility of the Wisconsin Hospital Association; we used 2002 data as estimates for 2003 and 2004. 2004 (state fiscal year) data are available for the Medicaid indicators (#02, #03, #07) and 2004 data for SSI beneficiaries under 16 (#08).

#01: The rate of children hospitalized for asthma (ICD-9 Codes: 493.-493.9) per 10,000 children less than five years of age.

Our methodology for this indicator changed in 2000; the rate (per 10,000 less than 5 years of age) of children hospitalized for asthma was 25.7 per 10,000 for 2002-2004, using the most recent data available.

#02 and #03: The percent of Medicaid and BadgerCare enrollees whose age is less than one year who received at least one periodic screen.

Overall, a large proportion of Wisconsin's Medicaid and CHIP (BadgerCare) enrollees received services; 97.1% and 93.8% respectively during SFY04. BadgerCare began in July 1999 as a Medicaid program to implement SCHIP. Low-income uninsured families who are not eligible for Medicaid (#05) qualify for BadgerCare if family income is at or below 185% of the federal poverty level (FPL). Families remain eligible for BadgerCare until their income exceeds 200% FPL (#06). BadgerCare has increased enrollment of children in Medicaid. Many BadgerCare families are mixed with younger children in Medicaid, who are eligible for Healthy Start with incomes up to 185% of the FPL, and older siblings and parents in BadgerCare. An increase in the percentage of infants to age one receiving at least one EPSDT service from BadgerCare is due to continued program expansion.

#04: The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

In 2004, 85.2% of Wisconsin women's observed to expected prenatal visits were greater than or equal to 80% on the Kotelchuck index. In 2003, 85% of Wisconsin mothers who gave live birth received first trimester prenatal care. (Note: the methods for calculating the Kotelchuck Index changed in 2003; therefore, we see an increase in the Kotelchuck Index from 2002 to 2003 overall).

#07: The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

34% of EPSDT eligible children aged 6 through 9 years received any dental services during SFY04, a significant decrease from 53.1% in SFY03. We do not know the reason for this decrease, although it may be due to an expansion of the program with a larger number of enrollees but fewer children receiving services. We will watch this closely for the next few years as the program continues to expand.

#08: The percent of State SSI beneficiares less than 16 years old receiving rehabilitation services from the State Children with Special Health Care Needs (CSHCN) Program.

All SSI beneficiaries less than 16 years old are automatically eligible for Wisconsin's Medicaid program which provides comprehensive rehabilitative services. The CSHCN Program, through an MOU with SSA, receives the names and addresses of all children less than 16 years old making application to SSI, and on a monthly basis, sends information about the Regional CSHCN Centers and other resources to these families.

Form 18: These indicators focus on birth outcomes for Medicaid and non-Medicaid women who gave birth and the eligibility requirements for Medicaid and BadgerCare.

#05: Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the state.

We have either 2002 or 2004 data for these indicators; Wisconsin infant birth and death data are maintained by DHFS, DPH, BHIP, Vital Statistics unit and 2004 data for infant deaths (matching data files) and the Kotelchuk Index) were not linked as of 7/05.

Women who did not have Medicaid as a source of payment for the birth had better perinatal outcomes than women who were on Medicaid. In 2004, the percentage of low birth weight babies was almost

twice for women who were on Medicaid compared to non-Medicaid women (8.0% to 4.1%); the infant mortality rate for births paid for by Medicaid was higher than for births not paid by Medicaid (7.7% to 5.9%); 2004 data for prenatal care utilization also shows that women on Medicaid had lower percentages compared to women not on Medicaid (74.6% to 92.9% first trimester prenatal care and 85% overall; in 2002, 69.5% (Medicaid) to 84.4% (non-Medicaid), and 78.4% overall for adequate prenatal care [Kotelchuck Index]). (Note: the methods for calculating the Kotelchuck Index changed in 2003 [although data for the Medicaid and non-Medicaid populations were not linked as of 7/05]. Therefore, we see an increase in the Kotelchuck Index from 2002 to 2003 overall).

#06: The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid, and pregnant women.

The percent of poverty level for eligibility for infants, children 1 to 18, and pregnant women for Medicaid and BadgerCare is 185%; families may remain in BadgerCare up to 200% FPL.

#07: The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid, and pregnant women.

The percent of poverty level for eligibility for infants, children 1 to 18, and pregnant women for Medicaid and BadgerCare is 185%; families may remain in BadgerCare up to 200% FPL.

Form 19: Wisconsin has, generally, strong data capacity. The BCHP has strong relationships with other bureaus and fosters collaboration with other programs to share data for program development and evaluation.

#09A: (General MCH Data Capacity)

The Title V MCH/CSHCN Program has timely data from several other sources, including: linked infant birth and death files, linked birth certificates and Medicaid eligibility files, and linked birth records and WIC eligibility files. Birth records and NBS files are not linked; however, the SSDI grant is addressing that issue. SSDI continues to serve as the key mechanism to coordinate data linkages across registries and surveys, and to provide critical information on State data systems capacity. The focus continues to be the ability of Wisconsin to assure MCH Program access to policy and program relevant information. As part of Wisconsin's Birth Defects Prevention and Surveillance System, the Wisconsin Birth Defects Registry (WBDR) was developed in 2003 and was rolled out statewide in 2004. The WBDR allows for real-time reporting of birth defects electronically either as individual reports or by uploading from an electronic records system to the secure website. The first annual WBDR summary report will be produced in fall of 2005. The Wisconsin Early Hearing Detection and Intervention Tracking, Referral and Coordination (WE-TRAC) System completed pilot testing with 13 participants in 2004, underwent major revisions, and will go statewide beginning in the fall of 2005. WE-TRAC is linked to the Wisconsin State Lab of Hygiene newborn screening data system and tracks newborns from initial hearing screening through referral. Wisconsin applied for the last PRAMS, and was approved but not funded.

#09B: (Data Capacity -- Adolescent Tobacco Use)

The BCHP's Tobacco Prevention Section has responsibility to reduce tobacco use and exposure in every Wisconsin community. The section analyzes the YRBS tobacco questions on a regular basis, and administers the Wisconsin Youth Tobacco Survey every other year.

#09C: (Data Capacity -- Overweight/Obesity)

The BCHP's Nutrition and Physical Activity Section uses the CDC Pediatric and Pregnancy Nutrition and Surveillance Systems (PedNSS and PNSS) to monitor, implement and evaluate its programs. The data from these systems are used by program staff for Title V activities that seek to decrease the numbers of children at risk for overweight and obesity in Wisconsin.

In addition to excellent data capacity for Title V in Wisconsin, the Family Health Unit epidemiologist and CSHCN epidemiologist are working closely with staff from BHIP for the state health plan's tracking system available at http://dhfs.wisconsin.gov/statehealthplan/#track2010.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

The following grid depicts the National and State Performance Measures, their objectives and the most recent indicators. We have noted whether or not we have met the objective. The following narrative sections include discussions on Wisconsin's ten state priorities, the national performance activities, state performance measure activities, and other program activities.

B. STATE PRIORITIES

The Division of Public Health, Bureau of Community Health Promotion, Family Health Section staff identified possible strategies or activities that will help Wisconsin move toward addressing the needs because it is not enough to agree that something is a problem. We must have a reasonable strategy for addressing the problem, in order for it to rise to the level of a priority need or a Wisconsin State Performance Measure. The public health assurance function is carried out in many ways or approaches from: providing services directly, contracting services, developing legislation, educating professionals and consumers, building systems, and/or improving data capacity. During the needs assessment process, staff considered effectiveness, efficiency, and acceptability based on their experience and insight regarding what can work -- within the sphere of control in state government.

1. Effectiveness:
• How effective is this to leading to a solution?
• Is it reachable by known interventions?
• Can it be tracked and measured?
• What are the health consequences of not implementing such a strategy/activity?

2. Efficient:
• How efficient is this to leading to a solution?
• Does the solution produce a result with a minimum of effort, expense, or waste?
• Is this appropriate use of Title V, Block Grant dollars?

3. Acceptable:
• How acceptable is this strategy/activity to clients, providers, and within state government?
• What is the degree of demographic, racial, and ethnic disparity?
• Does this solution help achieve a Healthiest Wisconsin 2010 Health Priority?
• Does this solution help promote the Governor's KidsFirst Initiative?

Wisconsin's 10 Priority Needs

1. Disparities in Birth Outcomes

Disparities in birth outcomes are related to NPM #15, #17, and #18 by addressing very low birthweight and early prenatal care. Wisconsin's continuing SPM #9 addresses the ratio of the Black infant mortality rate to White infant mortality rate.

In Wisconsin in 2003, the Black infant mortality rate was 15.3 deaths per 1,000 live births, nearly 3 times the rate of 5.3 for White infants. The White infant mortality rate is declining steadily with a near 50% reduction over the past 20 years. In contrast, the Black infant mortality rate has varied slightly but has not declined during this period. Comparing Wisconsin's Black infant mortality rates relative to other states, for the period 1979-1981, Wisconsin ranked 3rd best. However great strides in infant mortality reduction made by other states, compared to a lack of improvement in Wisconsin has led to sharp drops in Wisconsin's rank relative to other states. For the period 1999-2001, Wisconsin's rank dropped to 32 among 34 states with a sufficient number of Black births. The infant mortality disparity of Blacks as compared to Whites ranked Milwaukee as the 4th worse among 16 U.S. cities (Big Cities Health Inventory, 2003). Analysis of 3-year average infant mortality rates for Wisconsin's American

Indian population identifies a disturbing trend with rates increasing from 8.4 in 1998 -2000 to 12.9 from 2002-2003.

2. Contraceptive Services

This priority takes into account the concerns voiced by many during the needs assessment process regarding unintended pregnancy, teen births, and abstinence from sexual activity. Our priority aligns with NPM #8 which examines rate of teen births. Wisconsin's new SPM #1 attempts to examine the access and utilization of contraceptive services by monitoring the percent of eligible women enrolled in the Wisconsin Medicaid Family Planning Waiver during the year.

Women are defined as "in need of contraceptive services and supplies" during a given year if they are ages 13-44 and meet three criteria: 1) they are sexually active, that is, they have ever had intercourse; 2) they are fecund, meaning that neither they nor their partner have been contraceptively sterilized, and they do not believe that they are infecund for any other reason; and 3) during at least part of the year, they are neither intentionally pregnant nor trying to become pregnant.

Women are defined as "in need of publicly-funded contraceptive services and supplies" if they meet the above criteria and have a family income under 250% of the federal poverty level (estimated to be less than $42,625 for a family of four). All women younger than 20 who need contraceptive services and supplies are assumed to need publicly supported care, either because their personal incomes are below 250% of poverty or because of their heightened need--to preserve confidentiality--for obtaining care that not depend on their family's resources or private insurance.

640,420 women ages 13-44 are estimated to be in need of contraceptive services and supplies in Wisconsin. Ninety-three percent of females aged 15-44 years at risk of unintended pregnancy used contraception in 1995. Approximately 17% of the estimated need for public support family planning services has been met through the Medicaid Family Planning Waiver through December 31, 2004.

3. Mental Health for All Population Groups

Mental health as a priority need links with the NPM #16 that focuses on deaths from suicide. Wisconsin's new SPM #3 will monitor the percent of children, ages 6 months - 5 years, who have age appropriate social and emotional developmental levels. (It is important to note that we recognize the importance of women's mental health, postpartum depression, the stigma associated with a mental illness diagnosis, and adolescent indicators of need, however, our SPM focus is on young children.)

According to the 2000 National Survey of Early Childhood Health, parents of children 4-35 months of age most frequently have concerns about how their child behaves (48%), how their child talks and makes speech sounds (45%), the child's emotional well-being (42%), and how their child gets along with others (41%). Infant mental health focuses on several complementary issues: 1) promoting a healthy bond between the child and caregivers; 2) assessing and promoting healthy social and emotional development; 3) developing intervention services for children at risk of poor developmental outcomes because of family issues such as domestic violence and substance abuse; and 4) provisions for specialized treatment for children and families who need intensive help because of postpartum depression or other diagnosed mental illness of the parent, abuse and neglect, or a diagnosed emotional or behavioral disorder.

4. Medical Home for All Population Groups

This priority need is an outgrowth of the NPM #3 which focuses on children with special health care needs. During the needs assessment process it became evident that medical home was an important concept for all children. Wisconsin's new SPM #5 reads the same as the NPM except for the population target including all children.

A child with a medical home does not use a hospital emergency room as their primary place of care.

According to the Wisconsin Family Health Survey in 2003, 2.5 % of Hispanic children and 14.7% of African American children used a hospital emergency room as their primary place of care compared to less than 1% of White children. National SLAITS data indicate that: children without a medical home are twice as likely to experience delayed or forgone care; non-White children are significantly less likely to have a medical home; and poor children and children whose special health care needs have a significant adverse impact on their activity levels are more than twice as likely not to have a medical home and have unmet health care needs.

5. Dental Health (including CSHCN, racial/ethnic, linguistic, geography, income)

The dental health priority has shifted focus to access and accessibility. The NPM #9 concentrates on delivery of protective sealants whereas Wisconsin's new SPM #2 will observe the percent of Wisconsin Medicaid and BadgerCare recipients, ages 3-20, who received any dental services during the year.

Both Governor Jim Doyle, in his KidsFirst Initiative, and the state health plan, Healthiest Wisconsin 2010, identify oral health as a critical need. The National Survey of CSHCN reported that 83.1% of Wisconsin CSHCN required dental services and 92.6% received all needed dental services. 7.4% did not receive all needed dental services, which translates to 13,000 children with unmet oral health needs each year. The Wisconsin Family Health Survey revealed that 4.3% of CSHCN, or 12,800 children, did not receive needed dental care. The two primary reasons given were they couldn't afford dental care or had inadequate insurance.

In Wisconsin, 30.8% of children have at least one primary or permanent tooth with an untreated cavity. Compared to White children, a significantly higher proportion of minority children had caries experience and untreated decay. Twenty-five percent of the White children screened had untreated decay compared to 50% of African American children, and 45% of Asian children, and 64% of American Indian children. In addition, children who attend lower income schools have significantly more untreated decay (44.5%) compared to children in both middle (31.7%) and higher income schools (16.6%).

6. Health Insurance and Access to Health Care

There is a strong relationship between health insurance coverage and access to health care. During the needs assessment process, our stakeholders had difficulty looking at one need without the other; thus, we combined them into one priority. The NPM #13 requires data on percent of children without health insurance. The Wisconsin new SPM #6 monitors the movement to achieve this need by measuring the percent of children less than 12 years of age who receive one physical exam a year.

Wisconsin ranks high in the proportion of people who have health insurance. However, state data indicate that the maternal and child health population are less likely to be insured for the entire year.

7. Smoking and Tobacco Use

There is not an NPM for tobacco use. The Wisconsin continuing SPM #7 looks at percent of women who use tobacco during pregnancy. Smoking during pregnancy is a major risk factor for infant mortality, low birthweight, prematurity, stillbirth, and miscarriage. Overall in 2003, 9,769 or 14% of pregnant women in Wisconsin reported smoking during pregnancy; this rate is higher than the national rate of 11.0%. In terms of racial differences, American Indian women continue to report the highest percentage of smoking during pregnancy, nearly 3 times as high as the overall state percentage.

8. Intentional Childhood Injuries

Discussions during the needs assessment process resulted in dividing injury into intentional and unintentional injuries. The NPM #16 relates to the priority as it addresses deaths from suicide among

older teens. However, Wisconsin's new SPM #4 focuses on child abuse, neglect and maltreatment issues. We will monitor the number of substantiated reports of child maltreatment to Wisconsin children, ages 0-17, during the year.

In 2002, there were 42,698 total reports of child abuse and neglect with substantiations in Wisconsin. The largest number of substantiated reports are for children between the ages of 12 and 14. Between 2000 and 2002, there were slightly more reports and substantiations for female children than males.

9. Unintentional Childhood Injuries

The priority need for unintentional childhood injuries relates with the NPM #10 and the new SPM #10 both addressing death from motor vehicle crashes but for different age groups; 14 and under; and 15-19, respectively.

In Wisconsin, there are almost two times the number of unintentional injuries and deaths than intentional or violent injuries and deaths in this 0-21 age group. More than 2,100 children, teenagers, and young adults up to 21 years of age died from injuries and more than 37,300 were hospitalized from 1998-2002. Of these deaths, 916 died from injuries related to motor vehicles. The leading injury hospitalization for children ages 0-21 were motor vehicle related and fall injuries totaling 4,054 out of more than 37,300 hospitalizations.

10. Overweight and At-Risk-for-Overweight

The concern about overweight and at risk for overweight was clear during the needs assessment process and surfaced as a priority need for Wisconsin. The NPM #11 which relates to breastfeeding is the closest measure to this priority need. The Wisconsin's continuing SPM #8 looks closely at the percent of children, 2-4 years who are obese or overweight.

The prevalence of overweight in Wisconsin children from birth to age 5 is 12.2%. Overweight and at-risk-for-overweight has increased among all racial and ethnic groups. The prevalence of at-risk-for-overweight for children aged 2 to 5 or older increased from 13.8% in 1994 to 15.9% in 2003. In 2003, the highest rates for overweight and at-risk-for-overweight were among American Indian (19.2% and 20.0%), Asian (19.3% and 17.8%), and Hispanic (17.8% and 17.6%). Rates for Whites were slightly lower at 11.8% and 15.9%, and Blacks were at 10.1% and 13.6%.

A table depicting the relationship of Wisconsin's 10 priority needs with the National and State Performance Measures is attached.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				100	100

Annual Indicator			100.0	100.0	100.0
Numerator			84	95	124
Denominator			84	95	124
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2002

Source: Numerator: NBS program, State Lab of Hygiene, Wisconsin, 2002. The number of infants that were confirmed with a condition through newborn screening that receive appropriate follow-up care.
Denominator: NBS program, State Lab of Hygiene, Wisconsin, 2002. The number of infants confirmed with a condition through newborn screening.
This performance measure focuses on whether state newborn screening programs are ensuring that infants picked up on newborn screening are receiving appropriate follow-up care. The old Performance Measure #4 measured the percentage of infants born in the state and screened by newborn screening.

Notes - 2003

Source: Numerator: NBS program, State Lab of Hygiene, Wisconsin, 2003. The number of infants that were confirmed with a condition through newborn screening and who receive appropriate follow-up care.
Denominator: NBS program, State Lab of Hygiene, Wisconsin, 2003. The number of screened through NBS and confirmed with a condition.
Wisconsin screens for 26 congenital disorders. Every newborn with an abnormal NBS result is tracked by the NBS Program to a normal result or appropriate clinical care.

Notes - 2004

Source: Numerator: NBS program, State Lab of Hygiene, Wisconsin, 2004. The number of infants that were confirmed with a condition through newborn screening and who receive appropriate follow-up care.
Denominator: NBS program, State Lab of Hygiene, Wisconsin, 2004. The number of screened through NBS and confirmed with a condition.
Wisconsin screens for 26 congenital disorders. Every newborn with an abnormal NBS result is tracked by the NBS Program to a normal result or appropriate clinical care.

a. Last Year's Accomplishments

Impact on National Outcome Measures: The Wisconsin NBS Program is a core public health program that is a collaborative effort between DHFS and the State Lab of Hygiene. The NBS Program specified in Wis. State Statute 253.13 and Administrative Rule HFS 115, is a population-based service that mandates all infants born in Wisconsin be screened for congenital disorders.

Report of 2004 Major Activities

1. Newborn Screening--Population-Based Services--Infants

In 2004, 68,894 infants were screened for 26 different congenital disorders.

2. Diagnostic Services--Direct Health Care Services--CSHCN

In 2004, 124 infants were confirmed with a condition screened for by the NBS Program, and 100% were referred for appropriate follow-up care.

3. Diagnostic Services--Direct Health Care Services--CSHCN

The Department provides necessary diagnostic services, special dietary treatment as prescribed by a physician for a patient with a congenital disorder and follow-up counseling for the patient and his or her family.

4. Development of Educational Materials--Enabling Services--Mothers and Infants

The Education subcommittee of the NBS Advisory Group produced fact sheets for genetic counseling of families of infants identified with galactosemia, sickle cell trait, hemoglobin D trait, hemoglobin C trait, as well as cystic fibrosis carriers. The fact sheets are available to healthcare professionals throughout Wisconsin to provide patient education and genetic counseling to families.

5. Newborn Screening--Infrastructure Building Services--Infants

The "Wisconsin-Family Symposium of Newborn Screening for the Amish and Mennonite Populations" brought together stakeholders from DPH, the State Lab of Hygiene, the Unversity of Wisconsin Waisman Biochemical Genetics Clinic, as well as midwives, care providers in the Amish and Mennonite communities, and families from within the Amish and Mennonite communities. Participants at the symposium had the opportunity to dialogue regarding building systems of care that reach the growing Amish and Mennonite populations in WI with NBS services.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Newborn Screening			X	
2. Diagnostic Services - Infants	X			
3. Diagnostic Services - Congenital Disorder	X			
4. Development of Educational Materials		X		
5. Newborn Screening - Amish and Mennonite Poulations				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Newborn Screening--Population-Based Services--Infants

The Wisconsin NBS Program currently screens all infants for 26 congenital disorders.

2. Newborn Screening Advisory Group--Infrastructure Building Services--Infants

The NBS Advisory Group and its Cystic Fibrosis, Metabolic, Hemoglobinopathy, and Endocrine subcommittees are developing action plans for expected follow-up activities in the newborn screening lab when a "possible" or "definite" abnormal result is obtained to ensure that all available resources are utilized to locate infants and arrange for necessary follow-up testing.

3. Region 4 Genetics Collaborative--Infrastructure Building Services--Infants

The Wisconsin NBS Program is participating in the HRSA "Region 4 Genetics Collaborative" grant. The regional collaborative allows states to share expertise in new technologies and best practice models to maximize available newborn screening resources.

4. Newborn Screening--Infrastructure Building Services--Infants

The State Lab of Hygiene is developing a protocol for NBS of Mennonite infants known to be at risk for MSUD, to optimize the screening and diagnostic process and decrease time to treatment for affected infants.

c. Plan for the Coming Year

1. Newborn Screening--Population-Based Services--Infants

All infants born in Wisconsin will be screened at birth for a minimum of 26 congenital disorders.

2. Newborn Screening Advisory Group--Infrastructure Building Services--Infants

The Newborn Screening Advisory Group and its Cystic Fibrosis, Metabolic, Hemoglobinopathy, Endocrine, and Education subcommittees will meet biannually to advise the Department regarding emerging issues and technology in NBS.

3. Newborn Screening Education--Enabling Services--Mothers and Infants

The NBS Advisory Group Education subcommittee will pilot a project to increase parental awareness of NBS at the time of the heel stick. The project will involve providing birthing hospitals with stickers containing a NBS message that may be affixed on or near an infant's basinette at the time of the heel stick to alert parents that the blood draw for the NBS test has been completed.

4. Purchase of PKU Formula and Food Products--Direct Health Care Services--CSHCN

The Department will develop a web-based data tracking system for NBS dietary services, including the provision of dietary formulas and medical food products to children with conditions screened for by NBS to more effectively monitor use of this service.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance	2000	2001	2002	2003	2004

Data					
Annual Performance Objective				67.6	68.6
Annual Indicator			66.6	66.6	66.6
Numerator			47819	47819	47819
Denominator			71816	71816	71816
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	69.6	70.6	71.6	72.6	73.6

Notes - 2002

Source: SLAITS CSHCN Survey.
Numerator: Weighted Wisconsin-specific data.
Denominator: Weighted Wisconsin-specific data.
Data issues: These are new data from the national SLAITS CSHCN Survey. Wisconsin data are weighted; however, the actual number who were asked if they partner in decision making and are satisfied with the services they receive was 275. Because of the small sample size, Wisconsin will be examining other sources of information for future years to supplement the national data.

Notes - 2003

Source: NCHS SLAITS CSHCN module; the data reported in 2002 pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

1. Information and Referral Satisfaction Survey--Direct Health Care Services--CSHCN

The information and referral satisfaction survey is an ongoing survey that continued throughout 2004 in order to assure the services, provided through the CSHCN Program, are meeting the needs of the families. An "Annual Program Evaluation Report" was developed and distributed during the last six months of 2004. The report provides a satisfaction summary with the information and referral services received from the CSHCN Program.

2. Financial support to County Parent Liaisons--Infrastructure Building Services--CSHCN

Financial support was provided to over 70 CPLs to continue involvement in activities that positively impact policies, programs, services and supports regarding children with special health care needs.

3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators--Infrastructure Building Services--CSHCN

The CSHCN Program integrated the Parent Consultant role in several staff positions. More emphasis was placed to promote parent involvement in the Medical Home Initiative to assure a family centered perspective is maintained and parent partners are supported throughout the

process.

In addition, each of the five Regional CSHCN Centers employed a parent coordinator. The Wisconsin First Step Hotline employed parents with children with special health care needs to provide information and referral. There was continuing support for a CPL in each of Wisconsin's 72 counties.

4. Participation of families on advisory committees to the MCH and CSHCN Program--Infrastructure Building Services--CSHCN
The role of families has been strengthened as they participate on the NBS Advisory Committee, EHDI Planning Workgroup, Council for Birth Defect Prevention and Surveillance, and MCH Advisory Committee. Title V has become a leader in assuring parents are represented on advisory committees and has helped other programs locate and include a parent in an advisory capacity.

5. Parent input into the MCH Block Grant Application--Infrastructure Building Services--CSHCN

We requested the number of parents providing input into the 2005 MCH Block Grant Application by requesting input from over 500 parents who attended the annual families conference called Circles of Life. Additionally, methods of gathering parent input for the Needs Assessment was discussed as we began the process this past fall.

6. Collaboration on the implementation of a Family to Family Health Information Center grant with Family Voices--Population-Based Services--CSHCN

In 2004, Family Voices received a CMS grant to develop the above named Center. The CSHCN Program was actively involved in the planning and implementation of activities related to this grant including the development of fact sheets for families, developing training to families regarding health benefits and coordinating information and assistance services across the state so that families can access information easier.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Information and Referral Satisfaction Survey	X			
2. Financial Support to County Parent Liaisons				X
3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators				X
4. Participation of families on advisory committees to the MCH and CSHCN Program				X
5. Parent input into the MCH Block Grant Application				X
6. Collaboration on the implementation of a Family to Family Health Information Center grant with Family Voices			X	
7.				
8.				
9.				
10.				

b. Current Activities

1. Information and Referral Satisfaction Survey--Direct Health Care Services--CSHCN

The CSHCN Program will continue to assure families are satisfied with those services received from the Regional CSHCN Centers including information and referral, parent to parent support and service coordination.

2. Financial support to County Parent Liaisons--Population-Based Services--CSHCN

Financial support is continuing to be provided to CPLs to continue involvement in activities that positively impact policies, programs, services and supports regarding children with special health care needs.

3. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators--Infrastructure Building Services--CSHCN

The continued employment of parent consultants at all five Regional CSHCN Centers, parent consultants at the First Step Hotline, and the support of a CPL in each of the counties is continuing throughout 2005. The Medical Home Initiative assures a family centered perspective.

4. Participation of families on advisory committees to the MCH and CSHCN Program--Infrastructure Building Services--CSHCN

Parents continue to be utilized in a variety of advisory capacities including parent partners on the Medical Home Practice Teams, parents serving as advisors to the Newborn Screening Program, Early Hearing Detection and Intervention Project, Birth Defects and Surveillance Program, and MCH Advisory.

5. Participation of families as active partners in the Wisconsin Medical Home Initiative--Infrastructure Building Services--CSHCN

Parents continue to act as partners on the primary care practice teams as we continue to develop Medical Homes within Wisconsin.

6. Collaboration on the implementation of a Family to Family Health Information Center grant with Family Voices- Population-Based Services--CSHCN

In 2005, the CSHCN Program continues to be actively involved in the implementation of activities related to this grant including the development of a training and lead trainers regarding health benefits.

7. Coordination with Family Leadership and Support- Population-Based Services--CSHCN

Title V staff work closely in partnership with a wide variety of Family Leadership and Support Programs and/or Initiatives to develop, plan and implement activities related to families. Coordination occurs with parent organizations such as Wisconsin Family Voices, Wisconsin Family Ties, FACETS, Parents as Leaders and Parents in Partnership Training Initiative, Family Action Network and the Parent to Parent Matching Program.

c. Plan for the Coming Year

1. Financial support to Parent Leaders--Population-Based Services--CSHCN

Financial support will be provided to Parent Leaders to continue involvement in activities that positively impact policies, programs, services and supports regarding children with special

health care needs.

2. Employment of State Parent Consultant and Regional CSHCN Center Parent Coordinators--Infrastructure Building Services--CSHCN

A statewide Family Centered Care Consultant (FCCC) will work closely with a strong local parent network consisting of parents at each of the five Regional CSHCN Centers, parent specialists at the First Step Hotline, and Parent Leaders.

3. Participation of families on advisory committees to the MCH and CSHCN Program--Infrastructure Building Services--CSHCN

Parents will continue to be utilized in a variety of advisory capacities including parent partners on the Medical Home Practice Teams, parents serving as advisors to the Newborn Screening Program, Early Hearing Detection and Intervention Project, Birth Defects and Surveillance Program, and MCH Advisory. A focus group will be conducted to develop strategies to increase participation of parents from diverse backgrounds.

4. Coordination with Family Leadership and Support- Population-Based Services--CSHCN

Title V staff will work closely in partnership with a wide variety of Family Leadership and Support Programs and/or Initiatives to develop, plan and implement activities related to families. Coordination occurs with parent organizations such as Wisconsin Family Voices, Wisconsin Family Ties, FACETS, Parents as Leaders and Parents in Partnership Training Initiative, Family Action Network and the Parent to Parent Matching Program.

In 2006, the CSHCN Program will formalize a relationship with WI Family Voices to provide a newsletter to families, provide training to families across the State, and support parent leaders actively involved in the implementation of activities related to systems of care for CSHCN.

5. Participation of families as active partners in the Wisconsin Medical Home Initiative--Infrastructure Building Services--CSHCN

Parents will continue to act in an advisory committee as we plan and develop Medical Homes within Wisconsin.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				58.1	59.1
Annual Indicator			57.1	57.1	57.1
Numerator			98758	98758	98758
Denominator			173017	173017	173017

Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	60.1	61.1	62.1	63.1	64.1

Notes - 2002

Source: SLAITS CSHCN Survey.
Numerator: Weighted Wisconsin-specific data.
Denominator: Weighted Wisconsin-specific data.
Data issues: These are new data from from the national SLAITS CSHCN Survey. Wisconsin data are weighted; however, the actual number who were asked if the child receives coordinated, ongoing, comprehensive care within a medical home was 707. Because of the small sample size, Wisconsin will be examining other sources of information for future years to supplement the national data.

Notes - 2003

Source: NCHS SLAITS CSHCN module; the data reported in 2002 pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

1. Medical Home Learning Collaborative--Infrastructure Building Services--CSHCN

A Wisconsin Medical Home Learning Collaborative was held with nine primary care practice teams participating. Each of the practice teams consisted of a physician, a parent partner and a nurse or office staff person involved with care coordination. Each practice team met individually throughout the year and received facilitation from a CSHCN Regional Center staff person. All of the practice teams and facilitators attended three Learning Sessions, held in May, September and December of 2004. These sessions focused on identification of CSHCN within their individual practice, care coordination/care plan development for CSHCN, involving parents and family members, transitioning of youth to adult care, financing care coordination services, and community resources/support services for families. Each learning session utilized the rapid cycle improvement methodology to promote quality improvement initiatives within the practices. Monthly conference calls were conducted with the practice facilitator. Additionally, all of the participants received a wide array of materials and resources during the Learning Collaborative Sessions. All of the documents have been compiled to be utilized in the development of a Wisconsin specific version of a Medical Home Toolkit. Medical Home Indexes collected pre/post participation in the Collaborative demonstrated improvements in all domains.

2. Medical Home Policy Oversight--Infrastructure Building Services--CSHCN

The MCH Advisory Committee was updated at each meeting throughout 2004 regarding Medical Home initiatives and provided recommendations regarding future activities. The CSHCN Program partnered with the Medical College of Wisconsin, Children's Hospital of Wisconsin and the WIAAP in submitting an application for a Blue Cross Blue Shield planning grant. Additionally, the CSHCN Program continued to work with ABC for Health and Medicaid partners to develop policies that result in increased reimbursement for services provided by primary care physicians.

3. Medical Home Outreach--Population-Based Services--CSHCN

Information about the Medical and Dental Home was distributed through the MCH/CSHCN Update, the WIAAP newsletter, the Wisconsin Medical Journal, along with presentations at a variety of conferences.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medical Home Learning Collaborative				X
2. Medical Home Policy Oversight				X
3. Medical Home Outreach			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Medical Home Education and Training--Enabling Services--CSHCN

All of the practice teams from 2004 agreed to continue to be part of the Wisconsin Medical Home Initiative involving regular meetings with their facilitator and attendance at one Medical Home Learning Summit. This Summit was held May 5th & 6th and focused on cultural competence, communication issues related to primary and specialty care, and spreading the concept to other physicians and administrators. Four teleconferences are occurring in 2005 to continue to share updates of practice activities and provide knowledge on the topics of utilizing statewide CSHCN data, developmental screening and health literacy and linguistic competence. The National Medical Home Autism Initiative at the Waisman Center has partnered with the Wisconsin Medical Home Initiative on several education and training sessions.

2. Medical Home Outreach--Population-Based Services--CSHCN

Outreach to different statewide publications and opportunities are continuing throughout 2005. A particular focus has been on educating families on this concept. A keynote presentation at Circles of Life by a parent on Medical Home was well received by over 500 family members in April. A training being offered to parents across the State in 2005 by Regional CSHCN Centers and Family Voices includes the concepts of Medical Home. The Wisconsin Medical Home Learning Collaborative experience is also being shared with other Title V states.

3. Medical Home and Community Supports--Infrastructure Building Services--CSHCN

Each of the Regional CSHCN Centers are meeting with 2-5 additional practices within their region to provide information about community resources and offer technical assistance with referrals and information for families of CSHCN. The Southern Regional CSHCN Center with the CSHCN Program will pilot a model follow up process to connect children identified by the Wisconsin Birth Defects Registry and their families and primary care providers to community

resources and to promote the concepts of Medical Home. The CSHCN Program staff is also part of the Regional Genetics Intiative - Medical Home Committee. This committee's work will focus on promoting elements of Medical Home and developing necessary supports to assist primary care providers as it relates to the newborn screening program.

c. Plan for the Coming Year

1. Medical Home Education and Training--Enabling Services--CSHCN

The CSHCN Program will offer a Medical Home Learning Summit in 2006 as well as continue to provide educational opportunities to family members and youth about the concept of medical home.

2. Medical Home and Community Supports--Infrastructure Building Services--CSHCN

The Regional CSHCN Centers will continue to develop relationships with individual providers in their region to assist with community connections, information and referrals. As part of the newly funded Wisconsin Integrated Systems for Communities Initiative (WISC-I) grant, the CSHCN Program will partner with the 2 major pediatric tertiary centers in the state (Children's Hospital of Wisconsin and the University of Wisconsin - Children's Hospital) and their clinics to plan a Medical Home Learning Collaborative that will focus on the relationships of tertiary/primary care, in particular as they relate to the transition from pediatric to adult health care services. Under the WISC-I grant, the National Medical Home Autism Initiative will continue to be a partner with the Wisconsin Medical Home Initiative.

3. Medical Home Outreach--Population-Based Services--CSHCN

Outreach to different statewide publications and opportunities will continue in 2006. Dissemination of a Wisconsin specific toolkit will occur throughout the year. The concepts of Medical Home will continue to be integrated in the Wisconsin Sound Beginnings (Early Hearing Detection and Intervention) and Congenital Disorders (blood spot newborn screening) Program activities.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				66.6	67.6
Annual Indicator			66.6	66.6	66.6
Numerator			117664	117664	117664
Denominator			176641	176641	176641
Is the Data Provisional or				Final	Final

Final?					
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	68.6	69.6	70.6	71.6	72.6

Notes - 2002

Source: SLAITS CSHCN Survey.
Numerator: Weighted Wisconsin-specific data.
Denominator: Weighted Wisconsin-specific data.
Data issues: These are new data from from the national SLAITS CSHCN Survey. Wisconsin data are weighted; however, the actual number who were asked if the child has adequate private and/or public insurance to pay for the services they need was 720. Because of the small sample size, Wisconsin will be looking for other sources of information for future years to supplement the national data.

Notes - 2003

Source: NCHS SLAITS CSHCN module; the data reported in 2002 pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

1. Health Benefits Services--Enabling Services--CSHCN

The provision of health benefits counseling is a required component of the Regional CSHCN Centers. During 2004, the Regional Centers continued to provide consultation to families in collaboration with ABC for Health, Inc. a public interest law firm working for health care access for children and families, particularly families of CSHCN. Additionally, ABC for Health staff were supported to provide a training for Medical Home practice teams regarding Health Insurance Coverage for children within a medical practice and to provide a presentation at Circles of Life, a conference attended by over 500 family members regarding strategies to work with health insurance issues.

2. Access to Health Insurance--Infrastructure Building Services--CSHCN

The Regional CSHCN Centers provided a leadership role to local Health Watch Committees. The local Health Watch Committees consisted of parents and professionals from a variety of organizations who came together to identify, educate and address particular health issues within their region of the state. The Regional CSHCN Centers facilitated the development of a plan to be implemented the following year particularly related to address health insurance coverage needs for CSHCN and their families.

3. Dental Care for CSHCN--Infrastructure Building Services--CSHCN

Last year, Medicaid began providing coverage for fluoride varnish as a covered service when placed on teeth by medical providers. Regional CSHCN Centers were involved in sharing this information with families of young children with special needs as part of their referral an assistance role.

4. Access to Dental Care Services--Direct Health Care Services--CSHCN

Guard Care took place in 2004 and provided dental sealants and health exams for the uninsured and underinsured population.

5. Mental Health for CSHCN--Infrastructure Building--CSHCN

CSHCN staff worked with WUMH on an effort targeting school administrators to reduce stigma. Additionally, input was provided into the Wisconsin Initiative for Infant Mental Health plan which was embraced by the Governors "KidsFirst" Agenda.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Health Benefits Services		X		
2. Access to Health Insurance				X
3. Dental Care for CSHCN				X
4. Access to Dental Care Services	X			
5. Mental Health for CSHCN				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Health Benefits Services--Enabling Services--CSHCN

As ABC for Health's capacity to provide health benefits counseling diminishes, the Regional CSHCN Centers are developing a methodology to increase their capacity to provide health benefits counseling at a more in-depth level. In an effort to strengthen the skills and increase the knowledge of the Regional CSHCN Centers, the staff are working on developing competencies and a corresponding self-assessment tool related to the provision of health benefits counseling. By the end of 2005, each Center will use the materials developed to determine what competencies are met and what specific training needs they have.

2. Access to Health Insurance--Infrastructure Building Services--CSHCN

The Regional CSHCN Centers continue to provide a leadership role to local Health Watch Committees. Action steps from the plans developed in 2004 are being implemented within each Region by the Center Staff and Health Watch partners.

3. Access to Dental Care Services--Infrastructure Building Services--CSHCN

The Regional Oral Health Consultants serve the five DPH Regions and are responsible for oral health prevention programs in five DPH Public Health regions and local communities including children with special health care needs.

SmileAbilities was featured as a break out session at the Circles of Life Conference to assist families in promoting oral health for children with special health care needs.

4. Mental Health Services for CSHCN--Infrastructure Building Services--CSHCN

The CSHCN Health Promotion Consultant serves on the Wisconsin Infant Mental Health Initiative Steering Committee which lends guidance to the Initiative on implementing the Wisconsin Infant and Early Childhood Mental Health Plan. DHFS created an Infant Mental Health Leadership Team to address the infant mental health goal in the Governor's KidsFirst Initiative, support the Infant Mental Health and Early Childhood Plan for Wisconsin, and to spearhead the Department's Infant Mental Health Action Plan. The Leadership Team's charge is to identify ways that DHFS can weave infant mental health best practices and principles into the Department's programs and services in order to promote healthy child development and promote prevention, early intervention and treatment.

5. Family Education and Training--Enabling Services--CSHCN

The CSHCN Program is working closely with Family Voices of Wisconsin to develop a training curriculum for family members regarding health insurance and community supports. The curriculum will be piloted in July and finalized in August. Utilizing a Train the Trainer model, a group of parent leaders will receive the curriculum and implement the training in each of the regions of the State with ongoing support available from the Regional CSHCN Centers.

c. Plan for the Coming Year

1. Health Benefits Services--Enabling Services--CSHCN

The Regional CSHCN Center staff will receive training related to the self-identified training needs to assure all Centers have the same skill level to provide high quality health benefits counseling.

2. Access to Health Insurance--Infrastructure Building Services--CSHCN

The Regional CSHCN Centers will continue to participate in local Health Watch Committees to contribute to the identification and addressing of health related needs for CSHCN.

3. Family Education and Training--Enabling Services--CSHCN

The parent trainers of Family Voices of Wisconsin will continue to offer family members the training regarding health insurance and community supports with the support of the Regional CSHCN Centers.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				81.7	82.7

Annual Indicator			80.7	80.7	80.7
Numerator			57768	57768	57768
Denominator			71620	71620	71620
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	83.7	84.7	85.7	86.7	87.9

Notes - 2002

Source: SLAITS CSHCN Survey.
Numerator: Weighted Wisconsin-specific data.
Denominator: Weighted Wisconsin-specific data.
Data issues: These are new data from from the national SLAITS CSHCN Survey. Wisconsin data are weighted; however, the actual number who were asked if the family of the child reports that community-based service systems are organized so they can use them easily was 275. Because of the small sample size, Wisconsin will be looking for other sources of information for future years to supplement the national data.

Notes - 2003

Source: NCHS SLAITS CSHCN module; the data reported in 2002 pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

1. Access to Case Management Services--Direct Health Care Services--CSHCN

The five Regional CSHCN Centers in conjunction with the LHDs provided case management (formerly called service coordination) to families with a child with special health care needs. Over 11% of the families served by the Regional Centers CSHCN Centers received Case Management Services.

2. Access to Information and Referral Services--Enabling Services--CSHCN

The five Regional CSHCN Centers continued to refer families to community agencies including programs such as early intervention, family support, Katie Beckett, and respite services. Over 690 families received referral and follow up services to assist them in accessing community based programs and services.

3. Community based Services--Infrastructure Building Services--CSHCN

The Title V CSHCN Program continued to work collaboratively with many partners to assure children with specific diagnoses can access community-based services easily. These collaborative partnerships included the Comprehensive School Health Action Council ; the Department of Public Instruction Parent Educator Project and WI FACETS, the Parent Training and Information Center; the Wisconsin Asthma Coalition; the Special Needs Adoption Program; the Lead Prevention and Treatment Program; the Diabetes Program; Wisconsin Infant Mental Health Association; the Early Hearing, Detection, and Intervention Program and the Emergency Services for Children initiative.

4. Planning and Implementing CSHCN Projects--Infrastructure Building Services--CSHCN

The WI Title V CSHCN Program participated in planning and implementing the following projects during 2004:
• Provided technical assistance to Birth to 3 Providers as implementation of the Nutritional Screening Tool begins.
• Implemented a referral web site for physicians to refer children identified with a birth defect to early intervention, a Regional CSHCN Center, and the a LHD.
• Provided technical assistance to the LHDs that conducted a Needs Assessment as they complete the projects identified as next steps including the development of a community resource map, a directory of local providers and the development of community consortiums to develop stronger partnerships within their community.
• Participate on the Children's Long Term Care Redesign Committee as it implements a functional screen eligibility program for families in select counties identified as pilot sites.
• In collaboration with the Wisconsin Council on Mental Health, developed a plan to address the top identified needs of respite services, insurance parity and crisis services.
• Utilized results of a local public health needs assessment conducted by 46 LHDs to develop community based interventions to address the needs identified.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Access to Case Management Services	X			
2. Access to Information and Referral Services		X		
3. Community Based Services				X
4. Planning and Implementing CSHCN Projects				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Access to Service Coordination Services--Direct Health Care Services--CSHCN

The five Regional CSHCN Centers in conjunction with the LHDs continues to provide service coordination to families with a child with special health care needs.

2. Access to Information and Referral Services--Enabling Services--CSHCN

The five Regional CSHCN Centers continues to refer families to agencies including programs such as early intervention, family support, Katie Beckett, and respite services.

3. Community Based Services--Population-Based Services--CSHCN

The Title V CSHCN Program continues to work collaboratively with many partners to assure children with specific diagnoses can access community-based services easily. These

collaborative partnerships will include:
• Attend monthly Comprehensive School Health Action Council meetings.
• Attend regular meetings at the State and Regional Level with the Department of Public Instruction Parent Educator project and WI FACETS, the Parent Training and Information Center.
• Participate on the statewide Wisconsin Asthma Coalition to implement an asthma action plan that expands and improves the quality of asthma education, prevention, management, and services, and eliminates the disproportionate burden of asthma in racial/ethnic minority and low income populations
• Assist with the implementation of the Wisconsin Infant Mental Health Association strategic plan for WI addressing the areas of training, policy and public awareness around issues of infant and early childhood mental health.
• Continue to provide staff time and co-sponsorship to the Circles of Life Planning Conference to offer opportunities for parents to gain knowledge of community based services

4. Planning and Implementing Community based Projects--Infrastructure Building Services--CSHCN
Working in partnership with other funding sources, the WI Title V CSHCN Program continues to participate in planning and implementing the following projects during 2005:
• Statewide training of Providers to address nutritional needs of children with special health care needs.
• Evaluate the five Regional CSHCN Centers to determine how best services can be provided to families in the next five year grant cycle.
• Be an active partner on the Children's Long Term Care Redesign Committee as the pilot sites implement community based waiver options for children.

c. Plan for the Coming Year

1. Access to Service Coordination, Consultation and Referral and Follow-Up Services--Direct Health Care Services--CSHCN

The five Regional CSHC Centers will continue to serve families through health teaching, consultation problem-solving and referral and follow-up services. The LHDs will have the option to choose serving CSHCN through case management and referral & follow up services during the consolidated contract negotiation process.

2. Community Based and System Based Services--Population-Based Services--CSHCN

As the newly revised Regional CSHCN Center model is implemented in January of 2006, local community capacity grants will be awarded to local community partners to address one aspect of the six core performance objectives for CSHCN. The community capacity grants will allow communities to build upon resources and develop local systems of care for CSHCN.

3. Planning and Implementing Community Based Projects--Infrastructure Building Services--CSHCN

Working in partnership with other funding sources, the WI Title V CSHCN Program will plan and implement the following projects during 2006:
• Implement a newly revised model for the Regional CSHCN Centers
• Use the statewide GAC system to manage and monitor the objectives and fiscal operation of the CSHCN Program
• Provide technical assistance to recipients of local community capacity grants to monitor, evaluate and support the objectives of the capacity grant.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective				6.8	7.8
Annual Indicator			5.8	5.8	5.8
Numerator			64727	64727	64727
Denominator			1116374	1116374	1116374
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	7.8	8	8.5	9	9.5

Notes - 2002

Source: SLAITS CSHCN Survey.
Data issues: Maine is the only state that met the NCHS standards for reliability for PM 6; therefore, the 2002 indicator we use is the national average.

Notes - 2003

Source: NCHS SLAITS CSHCN module; the data reported in 2002 pre-populated the data for 2003 for this performance measure.

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure. State data was not robust enough to use; therefore national data is shown. Projections for 2005-2009 are very rough estimates. We expect to have state-level data from the Wisconsin Family Health Survey in time for next year to supplement and adjust projections (if necessary).

a. Last Year's Accomplishments

The CSHCN Program worked closely with the University of Wisconsin - Waisman Center, the CSHCN Program's Healthy Ready to Work (HRTW) designee. The Waisman Center is one of five Title V funded Regional CSHCN Centers in Wisconsin and uses it's HRTW expertise to provide leadership and technical assistance to the other four Centers. The Waisman CSHCN Center 800 line doubles as the "Statewide Transitions Information and Referral Hotline". The State CSHCN Program and other Regional Centers participate with the Waisman Center in the HRTW Statewide Interagency Transition Consortium. During 2004, 477 youth with special health care needs (YSHCN) received information and/or training provided or facilitated by the Waisman HRTW Project working through the CSHCN Program and/or the five Program funded Regional CSHCN Centers.

1. Outreach-Population Based Service-CSHCN

The CSHCN Program co-sponsored the annual Circles of Life Conference for Wisconsin parents and providers where the HRTW Project funded the concurrent Gathering of Youth. Calls to Wisconsin First Step (CSHCN/ Birth -3 resource hotline) with questions on youth with special health care needs transition resources or procedures are referred to the Waisman Center HRTW Project hotline and website and HRTW coordinates a Wisconsin Transition list serve. Centers assist in data gathering by documenting transition services they provide as well as needs that go unmet.

2. Training-Infrastructure Building Services-CSHCN

HRTW and CSHCN Centers conducted a series of trainings for high school students, their teachers and parents re Transition IEP's. Youth, parents, educators and other community service providers received training on the "PATH" person--centered self-determination process. HRTW provided nine workshops to parents /providers on supporting youth in their health care decision making. CSHCN Program established a Wisconsin Medical Home Learning Collaborative with 9 primary care practices. As part of that Collaborative the Learning Session 3 focused on the issues of transitions. HRTW provided participating pediatric practices with expertise and insights while learning what information is needed by doctors to assist YSHCN in transitioning to adult providers. Each practice received transition specific resource packets and technical assistance.

3. State Partnership Building-Infrastructure Building Services-CSHCN

CSHCN Program designated the Waisman Center HRTW Project as the state applicant for the Champions for Progress Incentive Grant. This grant funded an initiative designed to learn from youth what they need for successful transitioning. Information learned from "Youth on Health" will help guide the development of a CSHCN Youth Advisory Council.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Outreach			X	
2. Training		X		
3. State Partnership Building				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Training and Outreach-Training Infrastructure Building Services and Outreach Population Based Service -CSHCN

Each Regional Center provides at least one transition training for youth, parents, and/or service providers. Outreach in the Southeast Region includes "community connectors" who are available to provide more in-depth applications of person-centered life planning and asset

based community development models for Latino communities. All Centers provide training related to guardianship issues. HRTW, Department of Public Instruction (DPI), and Division of Vocational Rehabilitation (DVR) continue to provide funding and resources for week-long "Transition Camp" that provides disabled teens with an opportunity to be away from home, with peers and have fun as they learn about transitioning. DPI's State Improvement Grant (SIG) for Transition funded four 8-week courses developed by HRTW that teaches youth with disabilities the concepts of personal safety at home, at work, and in public.

2. State Partnership Building-Infrastructure Building Services-CSHCN

HRTW Project worked with Social Security Administration (SSA) and the state Division Disabilities and Elder Services (DDES) to include transition questions in a new functional screen for children with long-term care needs. The CSHCN Program and Waisman Center HRTW partnered with funding received from "Champions for Progress" grant to initiate "Youth on Health". This process included four Collaborative Problem Solving (CPS) sessions. Three of the sessions included youth from across the state, and one session was held at a Hispanic community center in inner city Milwaukee with all participants primarily Spanish speakers. Some of what was learned includes the report by many YSHCN participants that they have thus far learned to take little responsibility for managing their health care. 13 of the 32 youth participating reported having had no discussion of, nor plan for transitioning to adult health care. Several participants reported having difficulty getting listened to and/or having their special needs appropriately addressed in emergency room and hospital care settings. Some of the additional concerns expressed by these youth included insurance coverage issues and the lack of information about heath care. Information from "Youth on Health" CPS sessions will be used in the Five Year Title V needs assessment and Block Grant application.

c. Plan for the Coming Year

1. State Partnership Building-Infrastructure Building Services-CSHCN

Transitions for YSHCN has been identified as a major focus for the CSHCN Program in the newly MCHB funded Wisconsin Integrated System for Communities Initiative (WISC-I). Anticipating the conclusion of HRTW in June 2005 the CSHCN Program will continue to support the Transition Consortium and the transition list serve through a contract with the Waisman Center. Consortium members will be invited to participate with the CSHCN Program in a comprehensive strategic action planning process with the goal of assuring healthy transitions for Wisconsin's CYSHCN. In addition, the CSHCN Program with the Waisman Center will establish a Youth Advisory Council (YAC)based on the information learned from HRTW and the Champions grant. The Regional CSHCN Centers will continue to support transition activities at the local and regional level along with continued participation on the Consortium. As part of implementation of WISC-I the CSHCN Program will plan a Medical Home Learning Collaborative with youth, families, tertiary care providers, administrators, and primary care providers that will look at transition from pediatric to adult care services. The two major pediatric tertiary centers have agreed to participate. The anticipated outcome as part of WISC-I is the establishment of mechanisms to support transitions at the tertiary care level.

2. Outreach and Training-Training Infrastructure Building Services and Outreach Population Based Service-CSHCN

The CSHCN Program in partnership with the Waisman Center and other Regional CSHCN Centers will disseminate the many training and technical assistance materials developed by the HRTW over its four years of operation. Included are: curriculum for community safety awareness and empowerment, a guide for involving youth with disabilities in organization activities, a training packet for youth and/or families on health care awareness/advocacy, videos on legal decision-making at age 18, successful transition stories, and topic specific fact

sheets. For example, training will be conducted for the over 100 school districts regarding the safety curriculum. Regional Centers will continue to provide technical assistance to local communities and medical home providers.

Wisconsin's CSHCN Program through the continuation of the Transition Consortium, anticipated continuation of the regional CSHCN center concept, and establishment of the YAC will continue collaborating with families, youth and other transition stakeholders in training and public awareness activities as well as planning and service design.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	90	78	78.5	79	83
Annual Indicator	77.6	78.4	77.4	82.6	80.6
Numerator	683	690	681	727	709
Denominator	880	880	880	880	880
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	83.5	84	84.5	85	85.5

Notes - 2002

The data from the national immunization survey for Wisconsin for SFY 2002 demonstrates an estimated level for series complete among children two year (i.e., 19-35 months) of age to be 77.4%. Series complete is defined as 4 DTaP, 3 polio, 1 MMR, 3 Hib and 3 Hep B vaccine doses. The numerator is 681 and the denominator is 880. This estimate is a slight drop from the last year's (78.4%). We revised our objectives accordingly.

Notes - 2003

Source: National immunization survey for Wisconsin for SFY 2003 (July 1, 2002--June 30, 2003) with 4 DTaP:3 polio:1 MMR:3 hep B :3 Hib among children 19-35 months of age for Wisconsin is 82.6% (727/880). The national goal for 2010 is 90%, we revised our objectives accordingly.

Notes - 2004

Source: National immunization survey for Wisconsin for SFY 2004 (July 1, 2003--June 30, 2004) with 4 DTaP:3 polio:1 MMR:3 hep B :3 Hib among children 19-35 months of age for Wisconsin is 80.6% (709/880, a slight drop from last year's indicator of 82.6%. We speculate the drop may be due to the on and off again DTaP vaccine shortage or vaccine safety issues. Although the national goal for 2010 is 90%, we have slightly revised our objectives to reflect

this year's data and program expertise.

a. Last Year's Accomplishments

1. Providing, Monitoring, and Assuring Immunizations--Direct Health Care Services--Children, including CSHCN

All 93 LPHDs provided immunizations to persons in their jurisdiction with funding from the state Immunization Program. Nine LPHDs worked directly with child care providers using Title V funds to monitor immunization services of children attending child care, referring those children needing immunizations to appropriate resources, using consolidated contract funds. The data from the national immunization survey for Wisconsin for SFY 2004 (January 1, 2004-June 30, 2004) with 4 DTaP; 3 Polio; 1 MMR; 3 Hep B; 3 Hib among children 19-35 months of age for Wisconsin is 80.6%. Compared to SFY 2003, this is a slight drop in the indicator for SFY 2004. We speculate this drop may be due to DTaP vaccine shortage or vaccine safety issues.

2. Coordination with WIC and the state Immunization Programs and enrollment in the Wisconsin Immunization Registry (WIR)--Infrastructure Building Services--Pregnant women, mothers and infants and children, including CSHCN

All of the WIC providers during 2004, enrolled in the WIR. Currently we have over 952 immunization providers and some 2,500 schools with access to WIR with a total of 11,330 users throughout the state. These providers account for 24 million immunizations given to 3.3 million clients. The Wisconsin Immunization Program cost shares with WIC to conduct immunization assessments and refers at WIC voucher pick-up. WIR automatically updates immunization schedule changes into the recall system.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

Beginning in July 2004, influenza vaccine became part of the routine childhood immunization schedule; recommendations include vaccination of healthy children aged 6-23 months because these children are at substantially increased risk of influenza-related hospitalization and are largely responsible for the community spread of influenza.

4. Tracking Children at Age Two Enrolled in Medicaid--Population-Based Services--Children, including CSHCN

This is tracking to meet requirements of the Government Performance and Result Act (GPRA). The base line among Medicaid enrolled Wisconsin children ages 19-35 months who are series complete* was 41% in 2001, this rose to 55% in 2002, and there was a slight decline to 54% in 2003. [*Series complete = 4DTaP, 3 polio, 1 MMR, 3 Hib, and 3 Hep B].

5. Racial and Ethnic Disparities in Milwaukee--Population-Based Services--Pregnant women and mothers

The two-year study funded by CDC to look at racial and ethnic disparities in Milwaukee related to adults receiving preventive influenza and pneumonia vaccines continued through 2004.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. Providing, Monitoring, and Assuring Immunizations	X			
2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)				X
3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program				X
4. Tracking children at age 2 enrolled in Medicaid			X	
5. Racial and ethnic disparities in Milwaukee			X	
6. Local Immunization Coalitions in Wisconsin			X	
7. The Hallmark immunization greeting card project			X	
8.				
9.				
10.				

b. Current Activities

1. Providing, Monitoring and Assuring Immunizations--Direct Health Care Services--Children, including CSHCN

All 93 LPHDs receive state Immunization Program funding. Twelve LPHDs are using MCH funding to address child health including immunization in child care settings.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

WIR plans to support and maintain WIC sites as registry program participants. Immunization data will be provided by the state Immunization Program to the Title V MCH/CSHCN Program for required annual reporting.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

National and international circumstances that result in recommended changes in the immunization schedule will be tracked by the state Immunization Program. Currently, Wisconsin has fifteen local immunization coalitions, all focusing on increasing immunization rates and reducing vaccine-preventable diseases throughout the state.

4. Tracking Children at Age Two Enrolled in Medicaid--Population-Based Services--Children, including CSHCN

The statewide tracking of Medicaid-enrolled children at age two with up-to-date immunizations will continue through 2004. The goal remains at 90%.

5. Racial and Ethnic Disparities in Milwaukee--Population-Based Services--Pregnant women and mothers

For the Milwaukee READII (Racial and Ethnic Adult Disparities in Immunization Initiative) efforts, a coalition of Milwaukee's community leaders, health care providers and other organizations has been formed to plan, identify and provide vaccines for the African Americans, Hispanic and Asian communities.

6. Local Immunization Coalitions in Wisconsin

Currently, Wisconsin has 15 local immunization coalitions, all focusing on increasing immunization rates and reducing vaccine-preventable diseases throughout the state. Local Coalitions utilize both federal Healthy People 2010 goals and state guidance documents (Wisconsin State Health Plan) to strive for reaching 2010 immunization objectives.

7. The Hallmark immunization greeting card project was initiated on January 29, 2004 with a kickoff press conference including Governor James Doyle and first lady Jessica Doyle at the Sinai Samaritan Hospital in Milwaukee.

The cards, which are cosigned by the Governor and First Lady, are being mailed to all newborn children that are approximately 6 weeks of age. Along with card we included the standard wallet size Wisconsin Immunization Record and information about where to obtain immunizations. The cards will be sent to approximately 68,000 parents of newborn children during 2004. The Hallmark immunization greeting card project has already established in many other states and is endorsed by the CDC.

c. Plan for the Coming Year

1. Providing, Monitoring and Assuring Immunizations--Direct Health Care Services--Children, including CSHCN

Title V funding will continue to support LPHDs interested in providing or assuring primary care services to young children, including immunization monitoring and compliance. This activity will continue to take place in child care settings (among other sites) throughout the state. State Immunization Program funds will continue to support all LPHDs to provide/assure immunizations to those they serve.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

The state Immunization Program will continue partnerships with the Title V MCH/CSHCN Program, LPHDs, the WIC Program, the Medicaid Program, tribes, and CHCs. The statewide registry will be expanded and refined as experience and policy changes dictate. The provision of needed data requirements by the Title V MCH/CSHCN Program will be provided annually by the state Immunization Program.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

National and international circumstances that result in subsequent policy changes or clinical practices will be tracked by the state Immunization Program. Timely information updates will be shared by the state Immunization Program with appropriate partners.

4. Tracking Children at Age Two Enrolled in Medicaid--Population-Based Services--Children, including CSHCN

Statewide tracking of Medicaid-enrolled children with up-to-date immunization status at age two will continue.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	19	18.7	18.5	15.7	15.4
Annual Indicator	18.8	18.1	16.0	15.5	
Numerator	2225	2167	1898	1861	
Denominator	118365	119615	118293	119722	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	15.1	14.8	14.5	14.2	14

Notes - 2002

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infants Deaths, 2001, Madison, Wisconsin, 2001. Denominator: Wisconsin Bureau of Health Information, Census Estimates, 1999.
Data issues: Data for CY2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health, Bureau of Health Information and Policy, Wisconsin Births and Infants Deaths, 2003, Madison, Wisconsin, 2005. Denominator: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Bureau of Health Information. Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish/, Population Module, accessed 03/01/2005.

Notes - 2004

Data issues: Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

NPM #8: The rate of birth (per 1,000) for teenagers aged 15 through 17 years

Impact on National Outcome Measures: Wisconsin's 2003 Youth Risk Behavior Survey reveals that 37% of students have ever had sex (down from 47% in 1993). Wisconsin's teen birth rate for preliminary 2003 ages 15-17 was 15.5 (Wisconsin Births and Infant Deaths, 2003) while the United States teen birth rate was 22.4 (National Vital Statistics Report, Vol. 53, No. 9, 2004) Since, 1999, Wisconsin has experienced a decline in this rate. Ongoing efforts toward teen pregnancy prevention should continue this decline.
2004 Accomplishments:

1. Pregnancy and pregnancy prevention services for adolescents--Direct Health care Services--

Adolescents

Through the performance-based contracts, a number of LPHDs and others community --based organizations continued to provide perinatal and other health care services to teenagers, including reproductive health care. The Division of Public Health continued to administer grants to two community-based organizations to provide pregnancy testing, counseling, education and intensive case management to over 100 high-risk pregnant and parenting teens.

2. Health education and training--Enabling Services--Adolescents

The Adolescent Pregnancy Prevention Committee conducted three statewide teleconferences with state, local and community stakeholders focused on the topics of the DHFS Family Planning Waiver; Abstinence/HIV/STD/Teen Pregnancy Prevention Strategies linkages to healthiest Wisconsin 2010; and the Importance of Relationship Education.

3. Implementation of Wisconsin's Medicaid family Planning Waiver--Population-Based Services--Adolescents

Wisconsin's Medicaid Family Planning Waiver (FPW) benefit was implemented January 2003. It provides family planning services and supplies for women 15 through 44 who are at or below 185% of the federal poverty level (FPL). The main goal of the project is to help women avoid unintended pregnancy. In 2004, the FPW benefit helped 15,763 female teen-aged 15-19 years old.

4. Abstinence activities and resource development--Infrastructure Building Services--Adolescents

The Wisconsin Abstinence Initiative for Youth (WAIY) continued to operate under the auspices of DPH in 2004. Accomplishments included the implementation of teen abstinence clubs across the state and the development of WAIY Teen Coordinators (True Life Youth Speaker Team) who functioned as leaders and liaisons for the clubs. Additionally, in 2004, DPH received a CDC-Abstinence/HIV/STD Supplemental Grant from the Department of Health and Family Services to improve the coordination, communication and collaboration amongst the above stakeholders. A community networking event for segments of the above stakeholders was held in 2004 for 42 participants.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Pregnancy and pregnancy prevention services for adolescents	X			
2. Health education and training		X		
3. Implementation of Wisconsin's Medicaid Family Planning Waiver			X	
4. Abstinence activities and resource development				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Pregnancy and pregnancy prevention services for adolescents--Direct Health Care Services--Adolescents

As in 2004, through the performance-based contracts, LPHDs continue to provide perinatal and other health care services, including reproductive health care. Two revised contracts were issued to currently funded community-based agencies who will continue their reproductive health outreach efforts to high risk pregnant and parenting teens.

2. Health education and training--Enabling Services--Adolescents

The Adolescent Pregnancy Prevention Committee (APPC) continues to redefine its role and mission to that of an information sharing network for a variety of partners and stakeholders involved in a range of prevention and reproductive efforts. For the spring of 2005, APPC will be hosting nine youth listening sessions across the state gathering their views and voices to help us better shape our program and policy direction.

3. Implementation of Wisconsin's Medicaid family Planning Waiver--Population-Based Services--Adolescents

The Family Planning Waiver benefit continues to provide direct pregnancy prevention and reproductive health to adolescents. A total of 16,382 were enrolled as of March 31, 2005.

4. Abstinence activities and resource development--Infrastructure Building Services--Adolescents

The Wisconsin Abstinence Initiative for Youth (WAIY) joined the effort of other state and community leaders and practitioners to attend a joint DHFS/DPI-CDC Abstinence/HIV/STD/Teen Pregnancy capacity building event in March, 2005. A total of 62 participants attended. CDC-DPI awarded DHFS another year of an Abstinence/HIV.STD Supplemental Grant to further our collaborative partnership efforts for these prevention and reproductive health stakeholders.

c. Plan for the Coming Year

1. Pregnancy and pregnancy prevention services for adolescents--Direct Health Care Services--Adolescents

In the fall of 2005, LPHDs will enter into performance-based contracting negotiations for all LPHDs and these agencies will choose from a number of perinatal and reproductive health objectives with which they will address in the 2006 calendar year. Additionally, it is anticipated that the two community-based grants for outreach to high-risk pregnant and parenting teens will continue under another revised contract.

2. Health education and training--Enabling Services--Adolescents

The Adolescent Pregnancy Prevention Committee (APPC) will provide an executive summary of the youth listening sessions held in 2005 and share them with all key members and stakeholders.

Additionally, APPC will work with the Health Care Education and Training agency to provide a statewide inventory and analysis of all key prevention and adolescent reproductive health organizations and providers for the purpose of identifying strengths, weaknesses, and gaps. This information will be shared with state and local partners.

3. Implementation of Wisconsin's Medicaid Family Planning Waiver--Population-Based Services--Adolescents

The Family Planning Waiver (FPW) outreach and services will continue to reach 15-44 year olds who are at or below 185% FPL.

4. Abstinence activities and resource development--Infrastructure Building Services--Adolescents

As part of continued CDC-DPI Abstinence/HIV/STD/Grant, The Division of Public Health and the Department Public Instruction will be developing a central website that will consist of key data on sexual risky behavior (teen births, HIV, STD, abstinence) for youth under the age of 20 covering the period of 1993-2003.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	33.2	34.9	48.5	49	49.5
Annual Indicator	33.2	47.0	47.0	47.0	47.0
Numerator	24900	1554	34134	34134	34134
Denominator	75000	3307	72626	72626	72626
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	50	50	50	50	50

Notes - 2002

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health "Make Your Smile Count" suvey of third grade children, 2001-02. Denominator: the number of third grade children enrolled in public and private schools
SY 2002-2003. A follow up survey is planned for 2005-06.

Notes - 2003

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health "Make Your Smile Count" suvey of third grade children, 2001-02. Denominator: the number of third grade children enrolled in public and private schools
SY 2002-2003. A follow up survey is planned for 2005-06.

Notes - 2004

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health "Make Your Smile Count" suvey of third grade children, 2001-02. Denominator:

the number of third grade children enrolled in public and private schools. Future data are dependent on funding for another survey.

a. Last Year's Accomplishments

Last Year's Accomplishments:
1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program--Direct Health Care Services--Children, including CSHCN

The Department contracted with Children's Health Alliance of Wisconsin (CHAW), the Title V grantee for statewide child health system building, to manage Healthy Smiles for Wisconsin: Seal a Smile initiative.

In 2003-04, 14 community or school-based programs hosted 102 Wisconsin Seal-A-Smile program events. Seal-A-Smile delivered sealants to 2,898 Wisconsin children during the 2003-2004 school year. It is estimated that Seal-A-Smile saved 2.5 molars from decay per child sealed. In addition to placing almost 12,500 dental sealants, Seal-A-Smile referred 1,049 children for dental care, delivered fluoride to 1,459 children and provided oral health education to 7,032 children. In collaboration with the Centers for Disease Control and Prevention, health economists calculated that on average, it costs Seal-A-Smile $21 to deliver the screening, preventive, and referral services to each child. Taking into account Medicaid reimbursement for sealants, the state cost per child would be $41.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building Services--Children, including CSHCN

CHAW is actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal a Smile initiative. CHAW conducted regional meetings for Seal-a-Smile grantees. The CDC conducted an economic evaluation of the Wisconsin Seal-a-Smile program was accepted by the American Public Health Association for presentation. Software was used to collect program data collection in cooperation with the Center for Disease Control and Prevention.

3. Technical Assistance--Enabling Services--Children, including CSHCN

Technical assistance was provided for 14 state-funded dental sealant programs in cooperation with the Children's Health Alliance of Wisconsin Oral Health Project Manager. The State Oral Health Consultant monitored the Children's Health Alliance contracts to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-a-Smile grants.

Over $56,000 in state GPR funds were distributed to initiate over 14 funded programs and 102 events. These program funds were distributed in July 2004 and the fourth grant cycle will be completed in June 2005. Data on the number of children provided protective dental sealants and with untreated dental decay in primary and permanent teeth will be available through this program in June 2005.

The Healthy Smiles for Wisconsin Coalition continued to grow and promote oral health prevention through a steering committee, policy development committee, prevention/clinical care committee, and sustainability committee.

4. Oral Health Surveillance--Population-Based Services--Children, including CSHCN
County oral health 3rd grade surveys were conducted in Rusk and Chippewa Counties.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Healthy Smiles for Wisconsin Seal a Smile Program	X			
2. Healthy Smiles for Wisconsin-Oral Health Infrastructure Support				X
3. Technical Assistance		X		
4. Oral Health Surveillance			X	
5. Governor's KidsFirst Initiative				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current Activities:
1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program--Direct Health Care Services--Children, including CSHCN

The Department is contracting with CHAW to manage the Healthy Smiles for Wisconsin: Seal a Smile initiative in 2004-05. There are 12 community or school based programs as a result of the Wisconsin Seal-A-Smile program. Program data is being collected and reported using SEALS the CDC softward designed and piloted with assistance from Wisconsin Seal a Smile Programs.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building Services--Children, including CSHCN

The Division contracts with Children's Health Alliance of Wisconsin, the Title V grantee for statewide child health system building. The have been actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal a Smile initiative and the Wisconsin Oral Health Coalition, a statewide advocacy and education group. Wisconsin Seal a Smile initiative allows for the implementation of a statewide screening program to determine the prevalence of dental sealants in children in Wisconsin and increase the number of preventive dental sealants placed on school-aged children. Children's Health Alliance is conducting regional meetings for Seal a Smile grantees to promote the use of software to collect data in cooperation with the Center for Disease Control and Prevention. An economic evaluation is in its second year. The Department included a Seal a Smile program expansion in this biennial budget period.

3. Technical Assistance--Enabling Services--Children, including CSHCN

Technical assistance is being provided for 12 state-funded dental sealant programs in cooperation with the Children's Health Alliance of Wisconsin Oral Health Project Manager. The State Oral Health Consultant monitors the Children's Health Alliance contracts to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-a-Smile grants.

Over $56,000 in state GPR funds are distributed to initiate over 12 funded programs. These program funds were distributed in July 2003 and the third grant cycle will be completed in June 2005. Data on the number of children provided protective dental sealants and with untreated

dental decay in primary and permanent teeth will be available through this program in June 2005.

The Healthy Smiles for Wisconsin Coalition is promoting policy development proposals through the steering committee, policy development committee, prevention/clinical care committee and sustainability committee. Policy development changes included Medical Assistance reimbursement for fluoride varnish placed by medical providers and inclusion of oral health as a significant portion of the Governor's "KidsFirst" initiative.

4. Oral Health Surveillance--Population-Based Services--Children, including CSHCN
Two 3rd grade surveys were completed in Clark and Vilas County during 2004.

c. Plan for the Coming Year

Plan for the Coming Year:
1. Healthy Smiles for Wisconsin Seal-a-Smile Sealant Program--Direct Health Care Services--Children, including CSHCN

The Department will contract with the Children's Health Alliance of Wisconsin, the Title V grantee for statewide child health system building, to manage Healthy Smiles for Wisconsin: Seal a Smile initiative in 2004-05. There are 12 community or school-based programs as a result of the Wisconsin Seal-A-Smile program.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building Services--Children, including CSHCN

The Department will contract with Children's Health Alliance of Wisconsin, the Title V grantee for statewide child health system building, will be actively involved in improving dental access and care through the Healthy Smiles for Wisconsin: Seal a Smile initiative. Children's Health Alliance will conduct regional meetings for Seal a Smile grantees. The purpose will be to streamline data collection and review best practices.

3. Technical Assistance--Enabling Services--Children, including CSHCN

Technical assistance will be provided for approximately 12 state-funded dental sealant programs in cooperation with the Children's Health Alliance of Wisconsin Oral Health Project Manager. The State Oral Health Consultant will monitor contracts to manage the CDC Oral Disease Prevention Grant in School-Aged Children and the Healthy Smiles for Wisconsin Seal-a-Smile grants.
It is anticipated that the state-funded program will expand in 2005-06.

Data on the number of children provided protective dental sealants and with untreated dental decay in primary and permanent teeth will be available through this program in June 2005.

The Healthy Smiles for Wisconsin Coalition will promote policy development proposals through the steering committee, policy development committee, prevention/clinical care committee and sustainability committee. Policy development changes will include increased use of the dental hygienist in Seal a Smile programs and inclusion of oral health as a significant portion of the Governor's "KidsFirst" initiative.

4. Oral Health Surveillance--Population-Based Services--Children, including CSHCN

Four county surveys are planned through Beyond Lip Service, a grant through Wisconsin Partnership for a Healthy Future to measure dental sealants and provide needs assessment data.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	4	3.9	3.8	3.3	3.2
Annual Indicator	3.5	3.3	3.5	3.6	
Numerator	39	38	36	39	
Denominator	1121610	1136782	1028927	1094410	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	3.2	3.1	3	3	3

Notes - 2002

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Deaths, 2001, Madison, Wisconsin, 2001. Denominator: Table A1. Wisconsin Bureau of Health Information, Wisconsin Population by age and sex, July 1, 2001. Wisconsin Deaths, 2001.
Data issues: Data for CY2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health, Bureau of Health Information and Policy, Wisconsin Deaths, 2003, Madison, Wisconsin, 2005. Denominator: Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish/, Population Module, accessed 03/01/2005.

Notes - 2004

Data issues: Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Impact on National Outcome Measures: Motor vehicle crashes continue to be a leading cause of unintentional injury death. According to Wisconsin Department of Health and Family Services Interactive Statistics on Health (WISH) in 2003 there were 33 children aged 14 or younger killed via motor vehicle related crashes. LPHDs and others continue community education and outreach through car seat safety, bicycle safety, and other efforts to impact Outcome Measure #6, the child death rate per 100,000 children aged 1 through 14. Twenty Six

of Wisconsin's local public health departments in 2004 worked on child passenger safety related projects using maternal child health block grant monies.

1. Car Seat Safety Inspections--Enabling Services--Infants and children

Through the performance-based contracts, approximately 26 LPHDs and a number of Day and Child Care providers continued to provide health and safety education regarding proper installation and use of car (including infant and booster) seat restraints. Some staff renewed the requirements to retain their status as child passenger safety technicians.

2. Community Education and Outreach--Population-Based Services--Infants and children

Worked with DOT, SAFEKIDS, Wisconsin Safety Belt Coalition and other partners to provide outreach and public education to increase knowledge and resources available to reduce deaths from motor vehicle crashes. Wisconsin Child Passenger Safety Association (WCPSA) continued working on its goals of: Creating awareness to protect children by encouraging safe transportation; working with local, state and federal agencies to strengthen child restraint and safety seat laws; providing continuing education and support for child passenger safety technicians; educating both professionals and families; and promoting and providing community resources and a communication network. Wisconsin communities continued to participate in "Walk to School Day".

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Car seat safety inspections		X		
2. Community education and outreach			X	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Car Seat Safety Inspections--Enabling Services--Infants and children

In 2004, approximately 26 LPHDs continue to provide health and safety education regarding proper installation and use of car (including infant and booster) seat restraints through the performance-based contracts. In anticipation of new Federal standards, part of Governor Doyle's "KidsFirst" Initiative, announced in Spring, calls for the passing of legislation establishing stricter child passenger safety standards, including child safety seats and booster seats for infants, toddlers, and small children. Booster seat legislation was proposed in February and April of 2005 in both the House and Senate.

2. Community Education and Outreach--Population-Based Services--Infants and children

Wisconsin communities plan to continue to participate in "Walk to School Day" and "Walkable Community" activities and planning. Many LPHDs continue to provide bicycle safety education. DOT continues their work in educating parents about child transport safety as well as ensuring safe routes for children to walk or bike to school (particularly in Milwaukee).

3. Enhancement and Expansion of Partnerships--Infrastructure Building Services--Infants and children

The Injury Prevention Coordinating Committee and its partners (DPH Central and Regional Offices, SAFEKIDS, Waisman Center, Population Health, Bureau of Health Information and Policy, Injury Research Center, Department of Public Instruction, and others) continue their efforts along with WCPSA. Impacting Intentional and Unintentional Injuries and Violence, one of "Healthiest Wisconsin 2010" health priorities, is ongoing.

c. Plan for the Coming Year

1. Car Seat Safety Inspections--Enabling Services--Infants and Children

As these types of services continue to be identified as a local need, it is anticipated that LPHDs and others will continue to provide them.

2. Community Education and Outreach--Population-Based Services--Infants and children

DOT and others will continue outreach activities and public education, in concert with Governor Doyle's "KidsFirst" Initiative.

3. Enhancement and expansion of partnerships--Infrastructure Building Services--Infants and children

As opportunities are identified, new partnerships will be developed and/or current partnerships enhanced or expanded to accomplish the work of the projects and new initiatives.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	75	67.5	68	71	72
Annual Indicator	67.7	70.1	73.0	71.0	
Numerator	4600	4153	1449	2556	
Denominator	6795	5924	1985	3600	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**

Annual Performance Objective	74	75	76	77	77.5

Notes - 2002

Source: 2001 Mothers Survey, Ross Products Division.
Numerator: Unweighted data.
Denominator: Unweighted data.
Data issues: Breastfeeding data are not recorded on the Wisconsin birth certificate or hospital discharge data; therefore, the data we report comes from the Ross Mothers Survey; an on-going survey mailed to a representative sample of new mothers with infants 1 month, 2 months, etc. until 1 year old. The mother self-reports the type of milk her baby was fed in the hospital, at 1 week, in the last 30 days, and most often in the last week. The survey does not distinguish between exclusive and partial breastfeeding.

Notes - 2003

Source: 2003 Mothers Survey, Ross Products Division.
Numerator: Unweighted data.
Denominator: Unweighted data.
Data issues: Breastfeeding data are not recorded on the Wisconsin birth certificate or hospital discharge data; therefore, the data we report comes from the Ross Mothers Survey; an on-going survey mailed to a representative sample of new mothers with infants 1 month, 2 months, etc. until 1 year old. The mother self-reports the type of milk her baby was fed in the hospital, at 1 week, in the last 30 days, and most often in the last week. The survey does not distinguish between exclusive and partial breastfeeding.

Notes - 2004

Data for 2004 are not available until 2006.

a. Last Year's Accomplishments

NPM #11 Percentage of mothers who breastfeed their infants at hospital discharge.
Impact on National Outcome Measures: The advantages of breastfeeding are indisputable and include nutritional, immunological and psychological benefits to both infant and mother as well as benefits to the community.

1. Performance Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2004, approximately 30% of the LPHD selected objectives related to healthy birth outcomes through care coordination services. One LPHD selected an objective of breastfeeding initiation for one month or more through care coordination. This agency reported that 74% of the women who received care coordination breastfed for at least one month. Another LPHD together with their local breastfeeding coalition sponsored an infant/child expo targeting the benefits of breastfeeding and increased awareness among attendees.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2004, one LPHD chose the peer mentoring program for the support of breastfeeding. The agency reported that an African American Breastfeeding Alliance representative has been attending the peer mentoring committee meetings. Peer mentoring programs have been found to be very effective at promoting and supporting breastfeeding, especially in disadvantaged and low-income populations.

The Title V funded agencies continue to coordinate breastfeeding activities with the WIC

Program at a state and local level for pregnant women, mothers and infants. This includes referrals for care from WIC to the MCH program and from MCH to WIC.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and the general public

The Wisconsin Breastfeeding Coalition continues to promote breastfeeding as the cultural norm through public education and awareness. The Coalition distributed fact sheets and sample policies promoting breastfeeding in communities.

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin project includes a public awareness campaign that aired on Milwaukee buses during the summer of 2004.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding women

The Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin implementation plan outlined several infrastructure components that were in development in CY 2004 including a skin-to-skin brochure and presentation in collaboration with the Wisconsin Association of Perinatal Care and an interactive CD-ROM for employers to support breastfeeding women returning to the worksite. How To Support A Breastfeeding Mother -- A Guide for the Childcare Center was distributed to local breastfeeding coalitions.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Performance Based Contracting	X			
2. Statewide Breastfeeding Activities		X		
3. The Wisconsin Breastfeeding Coaliton			X	
4. Collaboration and Partnerships: Implementation of the Loving Support Campaign				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Performance Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2005, approximately 30% of the LPHD selected objectives related to healthy birth outcomes through care coordination services. A number of LPHDs selected an objective of breastfeeding initiation and duration rates through care coordination, breastfeeding education, and postpartum breastfeeding support. Breastfeeding education, promotion and support are included in the care for pregnant women and mothers and infants.

A breastfeeding educator certification program will be held in Green Bay in August 2005 to increase the number of professionals that have additional training in breastfeeding promotion and support.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

The peer counseling and mother-to-mother support programs are being promoted to LPHDs and local breastfeeding coalitions. These programs are being promoted for use in populations where breastfeeding initiation is low (African American and Hmong) and to the general population where breastfeeding is low. By August 2005, at least 14 Hmong and Hispanic peer counselors will be trained in their native languages through the Bilingual Breastfeeding Peer Counselor Project.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and the general public

Through the Loving Support Project, the 10 Steps to Successful Breastfeeding will be promoted to hospitals and birth centers to improve the rate of breastfeeding success.

The "Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin" project includes a public awareness campaign that will continue to be promoted to local media outlets.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding women

The WIC Breastfeeding Coordinator continues to serve as chair of the Wisconsin Breastfeeding Coalition (WBC) during CY 2005 and will work with the Nutrition and Physical Activity Grant to include/promote breastfeeding as strategy to prevent childhood overweight and will coordinate the strategic planning process with WBC to identify priorities for the future. WBC partners continue to partner in other groups such as the Hunger Task Force of Milwaukee and Mercury Free Wisconsin.

c. Plan for the Coming Year

1. Performance Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

LPHDs will continue to focus efforts on healthy birth outcomes including increasing breastfeeding initiation and duration rates through prenatal breastfeeding education and postpartum breastfeeding support. Through the Loving Support Project, the 10 steps to Successful Breastfeeding will be promoted to hospitals and birth centers to improve the care provided at the time of birth and improve the rate of breastfeeding success. Breastfeeding education, promotion and support are included in the care for pregnant women and mothers and infants. The provision of breastfeeding information during pregnancy impacts the woman's decision to initiate breastfeeding.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

The peer mentoring and the mother-to-mother support programs will be promoted to LPHDs and local breastfeeding coalitions. The programs will be promoted for use in populations where breastfeeding initiation is low (African American and Hmong) and to the general population where breastfeeding duration is low. The development of local breastfeeding coalitions as well as the implementation of additional chapters of the African American Breastfeeding Alliance will be explored.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and the general public

As the Loving Support plan is being implemented it is anticipated that a number of LPHDs and breastfeeding coalitions will focus efforts on breastfeeding promotion and education campaigns.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding

Continue to develop and implement the activities as outlined in the Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin plan. This includes work with employers and child care providers to focus efforts increasing duration of breastfeeding and exclusive breastfeeding.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	50	70	90	93	94
Annual Indicator	71.0	89.1	93.8	94.5	94.5
Numerator	31105	58757	63269	64921	65528
Denominator	43799	65913	67431	68688	69308
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	95	95	96	96	97

Notes - 2002

Comment: Data collected via fax-back survey of all birth hospitals in early 2003.
Data issues: Numbers of births and babies screened are self-reported on the fax-back survey. Beginning in 2004, data will be collected from the new Wisconsin Early Hearing Detection and Intervention Tracking, Referral and Coordination (WE-TRAC) System.

Notes - 2003

Comment: Data on hearing screening are reported on one page of the newborn blood-spot card that goes to the Wisconsin State Lab of Hygiene. The data are delivered to us as a tab-delimited file at least once a month, converted to a SAS dataset, and used to compile monthly reports on hearing screening in Wisconsin. The hearing screening records are also sent directly to the Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination

(WE-TRAC) System.
Data issues: Hearing screening results are occasionally separated from the blood card, delaying accurate reporting. Alternatively, sometimes the blood screening is repeated, but not the hearing screening, therefore, there may be duplicate (inaccurate) reporting. Beginning in 2005, data will be collected directly from WE-TRAC which will place accurate testing and follow-up responsibility on the birth hospitals, lessening the possibility that hearing screening results (and follow-up services) will be lost or delayed.

Notes - 2004

Data on hearing screening are reported on one page of the newborn blood-spot card that goes to the Wisconsin State Lab of Hygiene. The data are delivered as a space-delimited file at least once a month, converted to a SAS dataset, and used to compile monthly reports on hearing screening in Wisconsin. The hearing screening records are also sent directly to the Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination (WE-TRAC) System.
Data issues: Hearing screening results are occasionally separated from the blood card, delaying accurate reporting. Alternatively, sometimes the blood screening is repeated, but not the hearing screening, therefore, there may be duplicate (inaccurate) reporting. Beginning in 2005, data will be collected directly from WE-TRAC which will place accurate testing and follow-up responsibility on the birth hospitals, lessening the possibility that hearing screening results (and follow-up services) will be lost or delayed.

a. Last Year's Accomplishments

1. Support Services for Parents--Enabling Services--CSHCN

The Second Annual Conference for Families of a Deaf or Hard of Hearing Child was planned by parents and sponsored by the Wisconsin Educational Services Program for the Deaf and Hard of Hearing (WESPDHH) Outreach Program with support from DPI, DHFS and WSB. Attendance was double that of the first conference.

The Guide-By-Your-Side (GBYS) program, a parent support program, grew out of the 2003 Parent Summit. GBYS is funded by a DPI discretionary grant administered by the WESPDHH-Outreach program. GBYS matches trained parents ("Parent Guides") with parents of newly identified children who are deaf or hard of hearing. Parent Guides are paid for up to three visits to provide support, unbiased information and links to resources like early intervention. Bilingual Parent Guides fluent in Spanish and ASL are available statewide.

2. Wisconsin Sound Beginnings (WSB)/Congenital Disorders Program--Population-Based Services--Pregnant women, mothers, and infants

The NBS program distributed a revised blood card with changes to hearing screening fields. WSB contributed to the NBS annual newsletter and the "Wisconsin Health Care Professionals' Guide to Newborn Screening."

3. Outreach/Public Education--Enabling Services--Pregnant women, mothers, and infants

The Wisconsin EHDI/American Academy of Pediatrics (AAP) Chapter Champion submitted a grant proposal to the AAP. The proposal was funded and was used to work collaboratively with the Wisconsin Chapter of Hands and Voices to launch an awareness campaign during May, Better Speech and Hearing Month. Legislative invites were hand delivered by children and their parents, radio interviews were conducted and aired, and a breakfast with legislators was convened.

4. The Wisconsin Pediatric Audiology Training--Infrastructure Building Services--CSHCN

WSB presented at the Wisconsin Speech Pathology and Audiology Association (WSHA) fall

update and annual spring conference on pediatric audiology topics and the Guide-By-Your-Side Program.

5. Home Births Initiative--Direct Health Care Service--Pregnant women, mothers, and infants

A grant was submitted to AHEC for hearing screening equipment for the Western Region home birth population but was denied.

6. Guide-By-Your-Side Program--Infrastructure Building Services--CSHCN

Regional interviews were conducted, and parent guides were hired and trained.

7. WE-TRAC--Infrastructure Building Services--CSHCN

Based on analysis of data from the blood card, both automated and manual de-duplication processes in WE-TRAC were enhanced. PCP involvement in WE-TRAC and the early intervention components of WE-TRAC have begun to be defined to include the State Birth-3 Program and GBYS programs. The CHL form, "Just-In-Time" information for physicians, and NBS data reports were also made available on the WE-TRAC website.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Support services for parents		X		
2. Wisconsin Sound Beginnings (WSB)/Congential Disorders Program			X	
3. Outreach/Public Education		X		
4. Wisconsin Pediatric Audiology Training				X
5. Home Births Initiative	X			
6. Guide-By-Your-Side Program				X
7. WE-TRAC				X
8.				
9.				
10.				

b. Current Activities

1. Outreach/Public Education--Enabling Services--Pregnant women, mothers, and infants

WSB will continue to make available outreach materials related to the importance of screening such as "A Sound Beginning for Your Baby" to hospitals and providers through necessary reprinting. WSB will also provide consultation to the development of a Spanish version of the Babies and Hearing Loss Interactive Notebook for Families. WSB will distribute a mailing to pediatric primary care providers regarding next steps in the care of a child diagnosed as deaf or hard of hearing, as well as special considerations for conditions such as unilateral hearing loss and Usher's Syndrome.

2. Support Services for Parents--Enabling Services--CSHCN

The Third Annual Conference for families with deaf, deaf-blind, and hard of hearing children occured in March 2005. 120 Families (560 people including volunteers and staff) attended the

conference. Ten Spanish Speaking families also attended this year. The GBYS Program continues to be supported through ongoing training and promotion. 32 Families have been enrolled in the GBYS program including 10 Spanish speaking families.

3. Birth-3 Technical Assistance Network--Infrastructure Building Services--CSHCN

Discussions will continue with key partners to provide the Birth-3 Technical Assistance Network with oversight and direction as well as to continue to foster support and commitment to the importance of the existence and function of this network. Issued capacity building mini-grants to Birth-3 Programs. Mini-grants focus on increasing positive outcomes, especially as it pertains to the promotion of language and social emotional development in young children who are deaf or hard of hearing. Applicants were encouraged to demonstrate collaboration across programs, agencies and systems statewide, including GBYS and WESPDHH. Grantees will be brought together to demonstrate the outcomes of their grant projects and learn from one another.

4. WSB/Congenital Disorders Program--Population-Based Services--Pregnant women, mothers, and infants

WSB will continue to provide regular updates regarding hearing screening through the WSLH Newborn Screening Program Newsletter. Congenital Disorders staff at the State Lab of Hygiene are becoming familiar with the WE-TRAC System so that they can do some system management functions.

5. UNHS Implementation Workgroup--Infrastructure Building Services--CSHCN

The Workgroup will continue to meet quarterly. From this network of committed individuals new projects will be identified and addressed. This group will continue to advise the direction and focus of the Wisconsin Sound Beginnings Program.

6. WE-TRAC--Infrastructure Building Services--CSHCN

Phased statewide rollout will continue to hospitals, audiologist, and clinical practice organizations.

c. Plan for the Coming Year

Future Activities
1. Outreach/Public Education--Enabling Services--Pregnant women, mothers, and infants

A poster targeted to families will be designed and distributed to physicians, Birth-3 Programs and Early Head start programs. The purpose of the poster will prompt parents to ask questions and initiate discussion with their physician about their baby's hearing. The poster will also serve as a reminder to the physician that a baby's hearing status is important.

2. Support Services for Parents--Enabling Services--CSHCN

The Fourth Annual Conference for families with deaf, deaf-blind, and hard of hearing children will occur in March 2006 in the NorthEastern region of the state. Past conferences have been held in the Southern region. The Guide-By-Your-Side Program will be expanded. Parents of deaf and hard of hearing children who are already serving as Parent Guides with the GBYS Program will receive additional training on how to make phone calls to parents after their baby refers. This expansion of the GBYS Program will be called the GBYS Follow-Through Program. Consent will be needed to participate. Three different support materials will be developed; a Talking Points Guide for Nurses, "Follow-Through Card", and a referral form. The Talking Points Guide will assist nurses in discussing the screening results and the Follow-Through

Program. The card will inform families about their parent guide and contact information. The referral form will gather parent contact information and consent. The referral form will be sent to the WSB Program Director who will then notify the Parent Guide to contact the family as soon as possible. The Follow-Through Parent Guides will: a) stress the importance of following up; b) assist with follow-up appointment; and c) problem solve any barriers to follow-up.

3. Birth-3 Technical Assistance Network--Infrastructure Building Services--CSHCN

An early intervention summit will be planned for Fall of 2006. National and local experts will introduce research that supports best practices for early intervention of young deaf and hard of hearing children. The mini-grantees will also present on the outcomes of their mini-grants. State leaders, parents will be invited to participate in the last two days of the summit. The national experts will facilitate discussion related to strategies for implementing best practices in early intervention and help state leaders develop a plan for future directions

4. UNHS Implementation Workgroup--Infrastructure Building Services--CSHCN

The Workgroup will continue to meet quarterly to advise the direction of the Wisconsin Sound Beginnings Program and provide feedback on current initiatives.

5. Reduce Lost to follow-up--Infrastructure Building Services--CSHCN

Develop statewide referral networks of Early Hearing Detection and Intervention Stakeholders through provider mini-grants and the development of quality assurance guidelines.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	5	5	4.5	3	2.9
Annual Indicator	5.1	2.6	2.6	2.0	
Numerator	68000	35000	35000	26000	
Denominator	1345000	1365000	1345000	1300000	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	2	2	2	2	2

Notes - 2002

Source: Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, Family Health Survey, 2001. Madison, Wisconsin: 2001. Numerator: Weighted data. Denominator: Weighted data.

Data issues: The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. The survey has questions about health-related limitations and chronic conditions for persons greater than age seventeen. Data for 2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Family Health Survey, 2003. Madison, Wisconsin: 2005. Numerator: Weighted data. Denominator: Weighted data.
Data issues: Estimated numbers have been rounded to the nearest 1,000.The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. The survey has questions about health-related limitations and chronic conditions for persons greater than age seventeen.
Indicator: 2003 data indicate a decrease in the percentage of children without health insurance in Wisconsin. The state's continued progress in reducing the percentage of children without health insurance can be associated with Wisconsin's maintenance of its "open enrollment policy" for BadgerCare and Medicaid. Despite a major deficit in the 2003-2005 biennial budget, only minor changes were made to Medicaid/BadgerCare's scope of services and its enrollment policies. Therefore, while other states opted to cap enrollment or to implement enrollment cuts, Wisconsin's "family Medicaid enrollment" has continued to increase. Because Wisconsin's "Children's Health Insurance Program" enrolls whole families, parents have an economic incentive to continue to enroll children. We have flat-lined out objectives to 2009 because we think it is unreasonable to go below 2% for this indicator.

Notes - 2004

Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

1. Medicaid Outreach Overview-Enabling Services-Children, including CSHCN
In 2004, total family Medicaid recipients increased by 28,414, or about 5.6% in Wisconsin. The family Medicaid enrollment as of December, 2004 totalled 529,318, compared with 500,904 as of December, 2003. These increases are more than double the family Medicaid enrollments of the mid-1990s.

With these significant and continuing increases, there were no direct Title V-funded interventions to further Medicaid and Wisconsin's CHIP program in 2004. We continued to provide a certain amount of technical assistance to local health departments and affected individuals surrounding outreach issues.

2. Covering Kids/Families Wisconsin-Enabling Services-Children, including CSHCN
This Robert Wood Johnson-funded outreach grant continued in its third year in 2004. The main goal of the grant is to help enroll children and families in public health insurance programs. Two of Wisconsin's local health departments, the LaCrosse County Health Department and the City of Milwaukee Health Department, serve prominently in two Covering Kids/Families local coalitions.

In a related accomplishment, another funded local coalition in connection with the Covering Kids/Families Wisconsin grant, ABC for Health, was awarded one of 20 $25,000 grants from the University of Wisconsin Medical School's Wisconsin Partnership Fund. These funds were part of the inaugural round of public health grants from the Blue Cross/Blue Shield of Wisconsin's asset conversion process.

3. Medicaid Administrative Claiming-Enabling Services-Children, including CSHCN
Title V staff met intermittently with Medicaid staff and Department staff in 2004 to seek approval

to allow public health departments to claim added federal reimbursements through Medicaid Administrative Claiming.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Medicaid Outreach Overview		X		
2. Covering Kids/Families Wisconsin		X		
3. Medicaid Administrative Claiming		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Medicaid outreach overview-Enabling Services-Children, including CSHCN
Title V staff continue to monitor enrollment trends in Wisconsin Medicaid and in BadgerCare, the Wisconsin CHIP Program.

2. Covering Kids/Families Wisconsin-Enabling Services-Children, including CSHCN
Title V staff remain as active participants in the Covering Kids/Families Wisconsin grant. Oral health is emerging as a major interest of the group.

3. Medicaid Administrative Claiming activities-Enabling Services-Children, including CSHCN
The Bureau of Health Information and Policy is currently convening a public health financing workgroup that is engaging Medicaid staff, Department staff and public health staff on various financing topics.

c. Plan for the Coming Year

1. Medicaid outreach overview:-Enabling Services-Children, including CSHCN
We intend to maintain the activities of recent years in this area.

2. Covering Kids/Families Wisconsin-Enabling Services-Children, including CSHCN
We intend to maintain the activities of recent years in this area.

3. Medicaid Administrative Claiming activities-Enabling Services-Children, including CSHCN
We intend to emphasize the acquisition of Medicaid claiming dollars as we continue to meet with the public health financing workgroup. A Title V-funded policy analyst is the lead analyst for the State Health Plan's "equitable, adequate and stable financing" priority.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	96.5	93.4	93.5	93.6	93.8
Annual Indicator	93.3	93.4	93.3	93.4	83.6
Numerator	278311	289437	318311	354265	346556
Denominator	298280	309851	341134	379420	414652
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	94	94.5	95	95.2	95

Notes - 2002

Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2002.

Notes - 2003

Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2003.

Notes - 2004

Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2004.
Indicator: In our managed care-oriented "family Medicaid system," the percentage of child Medicaid/BadgerCare recipients actually receiving Medicaid through an HMO has been steadily dropping. As of April, 2005, the total number of recipients receiving MA through an HMO was about 353,000, according to the Wisconsin Assn of Health Plans. However, the total family Medicaid population has grown to 535,000. Therefore, only 65.9% family Medicaid recipients received services. Also, Medicaid HMOs have steadily withdrawn geographically from the rural areas. We have not revised our objectives because we believe that the 2003 indicator reflects the population entering the Medicaid program and does not accurately reflect trends.

a. Last Year's Accomplishments

HealthCheck Outreach-Population-Based Services-Children
The Title V program has engaged comparatively little effort in this area in the past year. After planning and helping host EPSDT-related outreach conferences for public health departments in past years, a Title V policy analyst was transferred to another role.

Here is a possible explanation of the drop in the percentages of Medicaid-eligible children actually receiving a Medicaid service in 2004.

In Wisconsin's managed care-oriented "family Medicaid system," the percentage of child Medicaid or BadgerCare recipients actually receiving Medicaid through an HMO has been steadily dropping. As of April, 2005, the total number of recipients receiving Medicaid through an HMO is about 353,000, according to the Wisconsin Association of Health Plans. However, the total family Medicaid population has grown to 535,000. This means that only 65.9 percent

of all family Medicaid recipients receive Medicaid through a system with financial incentives to render a prescribed complement of Medicaid services in Wisconsin. (Medicaid HMOs have part of their Medicaid reimbursements recouped unless they render HealthChecks to 80 percent of their enrolled MA-eligible child recipients.)

In recent years, Medicaid HMOs have steadily withdrawn geographically from the rural areas, especially.

Summary: The number of children enrolled in Medicaid/BadgerCare has steadily grown. The number who receive Medicaid through a system that provides financial incentives to actually render services under Medicaid has not.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. HealthCheck Outreach			X	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

HealthCheck Outreach-Population-Based Services-Children
There are currently few activities under way to address this issue. Some outreach conferences may be planned and implemented in coming years through the "Blue Cross/Blue Shield asset conversion funds" for public health initiatives.

c. Plan for the Coming Year

HealthCheck Outreach-Population-Based Services-Children
There are few plans under way in 2006 to address this issue. Some outreach conferences may be planned and implemented in coming years through the "Blue Cross/Blue Shield asset conversion funds" for public health initiatives.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

Tracking Performance Measures *[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]*					

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.2	1.3	1.3	1.3	
Numerator	855	885	863	908	
Denominator	69289	69012	68510	69999	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	1.2	1.2	1.1	1.1	1

Notes - 2002

#Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2001. Madison, Wisconsin, 2003.
Data issues: The objectives, although flatlined to 1.0% through 2004, and .9% for 2007 and 2008, reflect realistic outcomes given the limits of clinical ability to manage preterm labor and the increasing rate of high-order multiple births. Data for 2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health,Bureau of Health Information and Policy, Wisconsin Births and Infant Deaths, 2003. October 2004.
Data issues: Our objectives, flatlined at 1.0% through 2004, increase to 1.2% for 2005 and 2006, then decrease to 1.1% for 2007 and 2008, and decrease again in 2009 to 1.0%, reflect realistic outcomes given the limits of clinical ability to manage preterm labor and the increasing rate of higher-order multiple births; additionally, national and state data for this indicator reflect a slight increase overall in the rate of very low birth infants.

Notes - 2004

Data for 2004 are not available until from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #15 relates to National Outcome Measures #1, #2, #3, and #5. VLBW is directly related to morbidity and mortality in the perinatal period. In 2003, the very low birthweight percentage in Wisconsin was 1.3% among all births (908/69,999). Each of the activities identified below focuses on improving infant mortality and other perinatal indicators including the percent of very low birth weight live births.

1. Title V MCH/CSHCN Program Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants
In 2004, the Title V Program funded 32 LPHDs totaling 36 objectives addressing perinatal care coordination and related services.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

PNCC services are available to Medicaid-eligible pregnant women with a high risk for adverse pregnancy outcomes. In State Fiscal Year 2004, 8787 women received PNCC services from 104 providers. The Title V MCH/CSHCN Program staff collaborated with DHCF to revise and pilot test the initial assessment tool, provide regional education sessions, and complete a survey to assess WIC/PNCC collaboration.

3. Healthy Babies Inititiative--Infrastructure Building Services--Pregnant women, mothers, infants
Five regional and 2 racial/ethnic Healthy Babies Action Teams met following a perinatal summit to identify new approaches to improve perinatal outcomes and reduce disparities. Title V program staff served on the Healthy Babies Steering Committee and supported the goals to increase awareness of infant mortality and disparities, identify evidence-based strategies, and support the Action Teams. Title V activities included: 1) publishing a report in the Wisconsin Medical Journal, 2) conducting a literature search to identify evidence-based practices to reduce fetal-infant mortality, 3) hosting the Action Team meeting focusing on disparate African American infant mortality rates; 4) providing presentations at other team meetings; 5) negotiating with MCH-funded statewide projects for additional support activities, and 6) submitting a grant application for a project to build on the initiative.

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants
Title V staff participated in a national Healthy Start meeting and collaborated with the Milwaukee Healthy Beginnings Project of the Black Health Coalition and the Honoring Our Children Project of Great Lakes Inter-Tribal Council.

5. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants
The Wisconsin Association for Perinatal Care provided education on topics including the life span approach, perinatal depression, unlearning racism, and preconception. The Infant Death Center of Wisconsin provided education, focus groups, and facilitation of Healthy Babies teams.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V Funded Perinatal Services		X		
2. Prenatal Care Coordination		X		
3. Healthy Babies in Wisconsin Initiative				X
4. Federal Healthy Start Projects			X	
5. Title V funded statewide projects: Wisconsin Association for Perinatal Care and Infant Death Center of Wisconsin				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Title V MCH/CSHCN Program Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

For 2005, the Title V program funded 32 LPHDs totaling 35 objectives to do perinatal care coordination and related services

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants
The Title V MCH/CSHCN Program is collaborating with the DHCF to finalize revisions of the PNCC initial assessment tool and plan statewide implementation and education. To build on PNCC services, a prenatal component was included in a Milwaukee Comprehensive Home Visiting Program.

3. Healthy Babies Inititiative--Infrastructure Building Services--Pregnant women, mothers, infants
The Healthy Babies Action Teams continue to explore regional and racial/ethnic approaches to improve perinatal outcomes and reduce disparities in adverse pregnancy outcomes. Select activities include efforts to increase awareness of stress during pregnancy in the Western Region and a focus on tobacco cessation in the Southeast Region. The Title V Program will continue to be represented on the Steering Committee. An AMCHP presentation in February 05 focused on "Racial and Ethnic Disparities in Wisconsin."

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants
The Title V MCH/CSHCN Program staff serve on steering/advisory committees for both Healthy Start projects in the state. The Black Health Coalition and Great Lakes Inter-Tribal Council are key partners of the Healthy Babies initiative. The Milwaukee Healthy Beginnings Project and the Honoring Our Children Project both provide services to increase first trimester prenatal care and decrease VLBW and infant mortality including outreach, education, case management, referral and follow-up services.

5. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants
The WAPC annual conference featured major presentations on African American adolescent parents, multi-cultural perspectives on pregnancy, birth, and infant care, and perinatal depression. WAPC worked with a Healthy Babies Action Team to increase awareness of stress during pregnancy and opportunities for community support. At the request of CDC, WAPC members will provide 3 presentations at a national Preconception Conference and submit 2 articles for publication in a Supplement on Preconception Care of the Maternal and Child Health Journal. The Infant Death Center of Wisconsin is providing support to the Healthy Babies initiative and providing education for hospital staff on the importance of consistent SIDS risk reduction messages and modeling Back to Sleep and safe sleep practices. Beginning 7-1-05, statewide projects will continue educational efforts and support for the Healthy Babies initiative, reconvene a Folic Acid Task Force, and plan pilot projects to implement evidence-based strategies to improve birth outcomes and reduce disparities.

c. Plan for the Coming Year

1. Title V MCH/CSHCN Program Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants
The Title V MCH/CSHCN Program anticipates ongoing funding of LPHDs for perinatal care coordination and related services.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants
The Title V MCH/CSHCN Program will continue to collaborate with DHCF to provide support and technical assistance for the PNCC program and providers. Outreach and quality improvement initiatives will continue to assure care coordination services are available to pregnant women at risk for adverse outcomes. A series of educational sessions will be provided to PNCC providers participating in the Milwaukee Comprehensive Home Visiting Program.

3. Healthy Babies Inititiative--Infrastructure Building Services--Pregnant women, mothers, infants
The Healthy Babies initiative will continue work to improve birth outcomes and address disparities with regional and racial/ethnic Action Teams. The Title V MCH/CSHCN Program will continue to support the initiative by: 1) Participating on the Steering Committee and Action Teams, 2) Funding support for related activities by Statewide Projects, and 3) Collaborating with partners on projects including the March of Dime Prematurity Campaign and Milwaukee FIMR.

4. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants
The Title V MCH/CSHCN Program will continue to serve on advisory committees for the Healthy Start projects and participate in the Milwaukee FIMR program. The collaborative efforts of many partners will continue to sustain the Healthy Babies initiative.

5. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants
The Title V MCH/CSHCN Program plans to continue funding statewide projects for: 1) education on evidence-based practices to improve birth outcomes and reduce disparities, 2) support for the Healthy Babies initiative, 3) preconception education, resources and collaborative efforts, and 4) pilot projects. Pilot projects will be implemented by the statewide projects in targeted areas of the state with the highest rates of African American infant mortality. The statewide Program to Improve Maternal Health and Maternal Care will provide technical assistance and resources to support healthcare providers to increase risk assessment and follow-up services for perinatal women. The Statewide Program to Improve Infant Health and Reduce Disparities in Infant Mortality will establish a pilot project that supports healthcare providers and community organizations to implement strategies to reduce the risk of SIDS and infant mortality.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	7	7	7	7	7
Annual Indicator	13.4	10.4	10.5	11.2	
Numerator	51	43	43	46	
Denominator	379467	411490	409424	409420	
Is the Data Provisional or Final?				Final	
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance	9	8	8	7.5	7.5

Objective					

Notes - 2002

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Deaths, 2001, Madison, Wisconsin, 2001. Denominator: Table A1. Wisconsin Bureau of Health Information, Wisconsin Population by age and sex, July 1, 200. Wisconsin Deaths, 2001.
Data issues: Data for CY2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Sources: Numerator: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Deaths, 2003, Madison, Wisconsin, 2005. Denominator: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish/, Population Module, accessed 05/11/05.

Notes - 2004

Data for 2004 are not available until from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

1. Anticipatory Guidance, Risk Assessment and Referrals--Direct Health Care Services--Adolescents

LPHDs provide comprehensive primary health exams using Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. Anticipatory guidance on mental health, injury and violence prevention are included. Risk assessments of depression for youth were conducted and appropriate referral and education were provided. The Milwaukee Adolescent Health Program (MAHP)-Medical College of Wisconsin continue to provide clinical services to thousands of adolescents. The Adolescent School Health Program (ASHP) at the Milwaukee Health Department continue to provide depression screening and appropriate education and referral. Other school districts are beginning to incorporate Columbia Teen Screen, screening for depression in adolescents. Mental Health Association of Milwaukee began working with the State Medical Society to discuss training opportunities for physicians around mental health and suicide.

2. Training and Presentations to Raise Awareness and Reduce Stigma--Population-Based Services--Adolescents

Numerous presentations, workshops, and displays were conducted at a variety of conferences (e.g. Children Come First, School Counselors Association, EMSC & Injury Prevention, Crisis Conference, etc.). DPI, one of SPI partners, worked with others to develop "A Resource and Planning Guide for Suicide Prevention" and training modules (see www.dpi.state.wi.us). Another partner, Helping Others Prevent and Educate about Suicide (HOPES), provides community trainings and technical support to coalitions developing suicide prevention programs and activities. HOPES and Mental Health Association of Milwaukee sit on the State's Anti Stigma Committee and share information with the Suicide Prevention Initiative members as well as with the partners they are working with across the state. Marathon County has developed a suicide review committee and a community coalition partnering with mental health, public health, coroner, law enforcement, and other community partners working to educate, provide training to professionals, provide gatekeeper training for the public, review trends identified at their suicide review committee meetings.

3. Suicide Prevention Initiative (SPI)--Infrastructure Building Services--Adolescents

SPI continues its efforts toward the implementation of the Wisconsin Suicide Prevention Strategy and is looking to expand its SPI membership to other partners around the state.

There are plans for a regional suicide prevention training/conference in 2005 for Public Health Regions 3 & 5 which Wisconsin plans to participate in.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Anticipatory guidance, risk assessment, and referrals	X			
2. Training and presentations to raise awareness and reduce stigma			X	
3. Suicide Prevention Initiative				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Anticipatory Guidance, Risk Assessment and Referrals--Direct Health Care Services--Adolescents

LPHDs (and others, e.g. MAHP) continue to provide comprehensive primary health exams using "Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents." Anticipatory guidance on mental health, injury and violence prevention are included. Risk assessments of depression for youth are being conducted and appropriate education and referral are provided. ASHP utilizes the Children's Depression Inventory (CDI) tool and for screening pregnant and/or postpartum school-aged females utilizes the Center for Epidemiologic Studies-Depression (CESD) tool.

2. Training and Presentations to Raise Awareness and Reduce Stigma--Population-Based Services--Adolescents

As in 2004, numerous presentations, workshops, and displays are being conducted and are scheduled for throughout 2005 at a variety of conferences. Mental Health Association in Milwaukee County (MHA), one of SPIs partners, again is funding one-time only mini-grants for implementing or expanding suicide prevention activities in Wisconsin schools in collaboration with community partners. Other SPI partners, DPI and HOPES, continue to provide training on suicide prevention.

Work continues with the State's Anti Stigma Committee and with the Crises Network/Crises Services to provide input into their suicide prevention crisis responses and training for their staffs.

3. Suicide Prevention Initiative--Infrastructure Building Services--Adolescents

SPI continues its efforts toward the implementation of the Wisconsin Suicide Prevention

Strategy. MHA will take the lead in applying for grant funding to support this work statewide targeting youth in schools. A variety of information sharing materials have been prepared: Wisconsin Interactive Statistics on Health (WISH) Query System Module focusing on suicide deaths and hospitalizations, a Teens Suicide Fact Sheet, and maps of suicide deaths and hospitalizations by county, school districts, and criminal/juvenile justice data for youth.

Implementation of "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public" is ongoing. Mental Health and Mental Disorders are one of the 11 Health Priorities. A quarterly group of Mental Health and Public Health staff are meeting on a regular basis to communicate and share activities and grant opportunities.

A team of approximately 18 people will be attending a Regions 3 & 5 Suicide Prevention Conference/Training in Pittsburgh in May. It will be their responsibility to develop a plan for suicide prevention in Wisconsin and to bring it back and implement it in WI. Materials were developed and provided to educate and share with them prior to their arrival in Pittsburgh.

c. Plan for the Coming Year

1. Anticipatory Guidance, Risk Assessment and Referrals--Direct Health Care Services--Adolescents

LPHDs and others (e.g. the MAHP and ASHP) will continue to provide comprehensive primary health care utilizing anticipatory guidance on mental health issues. Risk assessments of depression for youth will continue and appropriate referral and education will be provided.

2. Training and Presentations to Raise Awareness and Reduce Stigma--Population-Based Services--Adolescents

SPI partners and others will continue to provide training, presentations, workshops, and displays.

3. Suicide Prevention Initiative--Infrastructure Building Services--Adolescents

Implementation of "Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public" is ongoing and will continue. Implementation of a statewide suicide prevention plan will occur along with the assistance of the expanded Suicide Prevention Initiative.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	80.6	81	81.4	74.5	75
Annual Indicator	64.6	83.2	77.7	80.2	
Numerator	552	736	646	698	

Denominator	855	885	831	870	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	81	81.5	82	82.5	83

Notes - 2002

Source: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Madison, 2004.
Data issues: These data for 2002 are corrected from the 2005 application/2002 report which were 570/831 = 68.6%; these data were births occuring only in Wisconsin hospitals. We are now using a consistent definition for facilities for high-risk deliveries and neonates; defined as "birth record indicates transfer "to NICU or another hospital" and the transfer hospital is the same as the birth hospital."
Corrected data since 2000 are:
2000: 676/814 = 83.0% (95% CI - 81.9%, 84.2%)
2001: 692/857 = 80.8% (95% CI - 79.5%, 82.0%)
2002: 646/831 = 77.7% (95% CI - 76.2%, 79.3%).
These data indicate a slight decrease in the percentage of very low birth infants born at high risk facilities for deliveries and neonates.

Notes - 2003

Source: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health, Bureau of Health Information and Policy.
Data issues: In Wisconsin, hospitals self-designate level of care. Wisconsin does not have a regulatory function to standardize these self-designations. We are now using a consistent definition for facilities for high-risk deliveries and neonates; defined as "birth record indicates transfer "to NICU or another hospital" and the transfer hospital is the same as the birth hospital." Corrected data since 2000 are:
2000: 676/814 = 83.0% (95% CI - 81.9%, 84.2%)
2001: 692/857 = 80.8% (95% CI - 79.5%, 82.0%)
2002: 646/831 = 77.7% (95% CI - 76.2%, 79.3%)
2003: 698/870 = 80.2% (95% CI - 77.6%, 82.8%)
These data indicate a slight decrease in the percentage of very low birth infants born at high risk facilities for deliveries and neonates from 2000 to 2002, and the 2003 rate about the same as 2002. The four year average (2000-2003) is 80.4% (95% CI - 79.8%, 81.%).
In addition, a Minnesota facility serves as the Level III perinatal center for high-risk deliveries in northwestern Wisconsin and does not provide birth data to our vital records.

Notes - 2004

Data for 2004 are not available until from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #17 relates to National Outcome Measures #1 Infant mortality rate and #3 Neonatal mortality rate. The Perinatal Periods of Risk model identifies risk factors for neonatal mortality to include inadequate systems for referral of high-risk women in labor to appropriate facilities, inadequate systems for transfer of ill newborns to appropriate facilities, and newborn care below standards of care.

A number of studies address the issue of neonatal mortality related to the size and staffing of the NICUs (Goodman, et al; Cifuentes, et al, 2002; Phibbs, et al, 1996).

Hospitals in Wisconsin self designate level of perinatal care. Wisconsin does not have regulatory function to standardize these self designations. In addition, a Minnesota facility serves as the perinatal center for high-risk deliveries in northwestern Wisconsin and does not provide birth data to our vital records.

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

WAPC published an article in the Wisconsin Medical Journal and continued discussions on regionalization of perinatal care in Wisconsin. With an increasing number of NICUs in the state, there are quality of care concerns with the attendant loss of coordination of care and more care delivered in smaller units. A number of steps were defined to address the concerns identified; actions to address quality improvement, including adoption of designations for level of care published by the AAP and the ACOG, definition of perinatal outcomes sensitive to quality of care, collection and analysis of outcomes data, and continued statewide discussions about the status of regionalized care and outcomes.

WAPC sent a survey to all birth hospitals asking them how they would designate their hospital according to the AAP guidelines. A second survey asked all self-designated perinatal centers in Wisconsin to identify and prioritize neonatal outcomes that should be monitored to measure quality of care. Based on the survey, WAPC identified seven outcomes to measure in a new data system.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wisconsin Association for Perinatal Care efforts on regionalization				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

WAPC will continue to redefine levels of care of birth hospitals to mirror the levels proposed by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. This would entail discontinuing referring to Wisconsin hospitals by 2 levels of care and instead use six categories: Level I, Level II A-B, and Level III A-C.

c. Plan for the Coming Year

1. WAPC Efforts on Regionalization--Infrastructure Building Services--Pregnant women, mothers, infants

Regionalization is expected to be an ongoing issue for Wisconsin. Title V MCH/CSHCN Program staff will continue to work with WAPC on this issue.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	84	84.1	84.2	84.7	85
Annual Indicator	83.9	83.7	84.2	84.7	85
Numerator	58129	57747	57686	59296	
Denominator	69289	69012	68510	69999	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	85.5	86	87	88	90

Notes - 2002

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2001. Madison, Wisconsin, 2003.
Data issues: Data for 2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Births and Infant Deaths, 2003, October 2004.

Notes - 2004

Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #18 relates to National Outcome Measures #1 Infant mortality rate, #2 Disparity between Black and White IMR, #3 Neonatal mortality rate, and #5 Perinatal mortality rate. The overall proportion of Wisconsin women who received first-trimester prenatal care was 84.7% in 2003, compared to 82% in 1993. The proportion with first-trimester care increased in each age group and each race/ethnic group.

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service--Enabling Services--Pregnant

women, mothers, infants

In 2004, the Title V MCH/CSHCN Program funded 32 LPHDs totaling 36 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and periantal depression screening.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

PNCC services are available to Medicaid-eligible pregnant women with a high risk for adverse pregnancy outcomes to ensure early and continuous prenatal care, psychosocial support and services, health and nutrition education, and referral to community services as needed. In State Fiscal Year 2004, 8787 women received PNCC services from 104 providers. The Title V MCH/CSHCN Program staff collaborated with DHCF on several initiatives to support the PNCC program and providers. The initial assessment tool for the PNCC program was revised to be more user-friendly, allow for coordination with WIC, and allow for data collection. Pilot testing and evaluation of the revised Pregnancy Questionnaire was completed. Educational sessions on Medicaid case management programs were held at 5 sites across the state. Also, a survey was completed with a sample of WIC and PNCC sites to identify barriers to receiving both services as well as service delivery models that support WIC/PNCC dual participation. Funding for the survey was from the USDA for a WIC Special Projects Concept Paper.

3. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN program staff participated in a national Healthy Start meeting and local meetings with the Milwaukee Healthy Beginnings Project of the Black Health Coalition and the Honoring Our Children Project of Great Lakes Inter-Tribal Council. Title V Program staff presented information for the Native American Healthy Babies Action Team and provided consultation on Prenatal Care Coordination services. There was collaboration with the MHBP on the Healthy Babies initiative, the Racial and Ethnic Disparities in Birth Outcomes Action Team and the Milwaukee Fetal Infant Mortality Review Program. MHBP held an African American Community Strategic Planning Meeting on infant mortality and co-sponsored the March of Dimes Prematurity Summit and a town hall meeting with African American physicians in Milwaukee.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V finded Perinatal Services		X		
2. Prenatal Care Coordination		X		
3. Federal Healthy Start Projects			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service--Enabling Services--Pregnant women, mothers, infants

For 2005, the Title V MCH/CSHCN Program funded 32 LPHDs totaling 35 objectives to do perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depressions screening.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program is collaborating with the DHCF to finalize revisions of the PNCC initial assessment tool and plan statewide implementation. The revised Pregnancy Questionnaire is a screening tool to begin the assessment process and identify women with increased risk of adverse pregnancy outcomes including premature delivery, low birth weight baby, and fetal/infant mortality. Questions relate to risk factors such as tobacco use during pregnancy, previous adverse birth outcomes, and other demographic, medical, and psychosocial factors. Follow-up assessment questions are identified to assist with ongoing assessment over time. Educational session will be offered to all PNCC providers to coincide with statewide implementation of the revised Pregnancy Questionnaire. The training will include education on strength-based approaches to complete the initial assessment, smoking cessation, prematurity, and other topics.

To build on PNCC services, a prenatal component was included in a Milwaukee Comprehensive Home Visiting Program scheduled to begin 7-1-05. The program will provide services for pregnant women in their first trimester continuing through age 4 of the child in targeted areas of Milwaukee with the highest infant mortality rates. Goals of the program are to: 1) reduce premature birth, infant mortality, and child abuse and neglect, 2) improve family functioning, and 3) promote child health, safety, and development.

3. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program staff serve on steering/advisory committees for both Healthy Start projects in the state. The Black Health Coalition and Great Lakes Inter-Tribal Council are key partners of the Healthy Babies initiative. The Milwaukee Healthy Beginnings Project and the Honoring Our Children Project both provide services to increase first trimester prenatal care and decrease VLBW and infant mortality including outreach, education, case management, referral and follow-up services.

c. Plan for the Coming Year

1. Title V MCH/CSHCN Program MCH Funded Perinatal Service--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program anticipates continuing to contract with LPHDs for perinatal care coordination services.

2. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to collaborate with DHCF to provide support and technical assistance for the PNCC program and providers. Outreach and quality improvement initiatives will continue to assure care coordination services are available to pregnant women at risk for adverse outcomes. A series of educational sessions will be provided to PNCC providers participating in the Milwaukee Comprehensive Home Visiting Program.

3. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to serve on advisory committees for the Healthy Start projects and participate in the Milwaukee FIMR program. The collaborative efforts of many partners will continue to sustain the Healthy Babies initiative.

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of children less than 12 years of age who receive one physical exam a year.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	78	78.5	79	79.5	80
Annual Indicator	76.3	73.6	74.4	72.6	
Numerator	663000	651000	661000	617000	
Denominator	869000	885000	889000	850000	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	80.5	81	81.5	81.5	81.5

Notes - 2002

Source: Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, Family Health Survey, 2001. Madison, Wisconsin, 2003. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents.
Numerator: Weighted data. Denominator: Weighted data.
Data issues: We did not revise subsequent year's objectives; the data reflect random fluctuations. Data for 2002 are not available from the Bureau of Health Information until mid-2004.

Notes - 2003

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Family Health Survey, 2003. Madison, Wisconsin, 2005. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents.
Numerator: Weighted data. Denominator: Weighted data.
Data issues: We did not revise subsequent year's objectives; the data reflect random fluctuations.

Notes - 2004

Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

The performance measure relates to Wisconsin's Priority Need #2 - Health Access and is identified in Healthiest Wisconsin 2010, the state's public health plan. Special access issues exist for those living in rural communities, seasonal and migrant workers, persons with special health care needs, the uninsured and underinsured, homeless persons and low income members of racial or cultural minority groups.

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CSHCN

The annual health exam activity is a direct health care service for children under age 12, including children who have special health care needs. The target group for services funded by the Title V block grant are those children who are uninsured or underinsured in Wisconsin and would otherwise not have access to primary preventive services. For the contracts in 2004, 22 LPHD's and other private non-profit agencies submitted objectives to provide or assure MCH-supported well-child exams for children under age 21 years, including those with special health care needs. Twelve of the LPHD's contracted to directly provide comprehensive well-child exams.

MCH providers used the SPHERE data system. In 2004, 1042 unduplicated clients aged 0-12 years were assessed for health care utilization and recorded within the SPHERE data system. Of those, 744 reported having a routine health exam within the last 12 months.

According to the DHFS Family Health Survey in 2004, 79.5% of children under 12 years of age were reported at time of the telephone survey that they had a general physical exam in past year (Data Source: FHS, 2004). This is more than the 72.6% reported in the 2003 survey. The annual DHFS Family Health Survey is an annual random telephone survey of households in Wisconsin.

2. Support the "Covering Kids" Program Funded by the Robert Wood Johnson (RWJ) Foundation--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

The "Covering Kids" Program, funded by RWJ was awarded to University of Wisconsin Extension. Title V MCH/CSHCN Program continued involvement in an advisory capacity to the grant activities.

Overall family Medicaid enrollment increased about 28,414 in calendar 2004, from 500,904 in December 2003 to 529,318 in December 2004. To the extent that increased enrollments contribute to increased access to health care services, this increase portends greater number of physical examinations rendered. The family Medicaid program most specific to children, Healthy Start, likewise increased in enrollment in calendar 2004, from 124,662 in December 2002, to 138,731 in December 2004. In 2003, about 93 percent of Wisconsin children had health insurance coverage yet some 86,000(7 percent of the 1,300,000 children in the state) were uninsured.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Comprehensive well-child exams	X			

2. Support the "Covering Kids" Program Funded by Robert Wood Johnson Foundation		X		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CSHCN

For the 2005 consolidated contracts, 21 LPHDs and other private non-profit agencies submitted objectives to provide or assure access to primary preventive exams. The primary preventive exams must be provided by the agency and assure quality services by utilizing the following document as guidance for best practice in the organization and delivery of services: "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents", Second Edition.

2. Governor's KidsFirst Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a 4-part KidsFirst Initiative. The four focus areas are entitled Ready for Success, Safe Kids, Strong Families and Healthy Kids. This direction from the Governor and his cabinet leaders will provide a course for state programs to increase health exams for children by improving access to primary preventive services.

c. Plan for the Coming Year

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CSHCN

Title V MCH/CSHCN Program remains committed to improving access to health care so that primary, preventive health care is available to young children. The Title V MCH/CSHCN Program will continue to provide funds through the consolidated contract process for primary, preventive health care to young children who are uninsured or underinsured. Since the LHDs use these funds according to general program guidelines and to address local identified needs, the impact of MCH funds supporting a provision of primary, preventive health care will be gap filling.

2. Governor's KidsFirst Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a 4-part KidsFirst Initiative. Part 4 is Healthy Kids and includes focus activities that will improve child access to primary preventive services. These areas include: Provide all Children with Health Care Coverage, Improve Oral Health Care, and Immunize Children on Time. The MCH program will provide leadership and participation in action steps toward improvements in these health-related areas.

3. Support the "Covering Kids" Program Funded by the Robert Wood Johnson (RWJ)

Foundation--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

In cooperation with UW-Extension, the Title V MCH/CSHCN Program will continue to provide support for state and local coalitions, funded by RWJ. These coalitions are funded to increase outreach for uninsured children and their families and to enroll them in state supported health insurance programs, such as BadgerCare. This activity will assist children and their families to access mechanisms to pay for primary prevent health exams. The Covering Kids grant to UW-Extension is funded through 2006.

State Performance Measure 2: *Percent of women at risk of unintended pregnancies (as defined by Alan Guttmacher Institute) receiving family planning and related reproductive health services through publicly funded clinics.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	12.9	13.5	18.5	19	43.5
Annual Indicator	16.3	18.1	24.3	42.9	38.3
Numerator	48297	53542	71856	98678	88143
Denominator	296390	296390	296300	230060	230060
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	39.1	40.1	41.3	42	43.5

Notes - 2002

Sources: Numerator: Number of women receiving contraceptive services at GPR/Title V and Title X funded clinics. Denominator: Estimated number of Wisconsin women at risk of unintended pregnancy estimated by the Alan Guttmacher Institute (AGI).
Data issues: Among the 1,199,350 women in Wisconsin ages 13-44, 625,000 are estimated to be at risk of unintended pregnancy and in need of contraceptive services and supplies. Of this number, 296,390 are estimated to be at risk of unintended pregnancy and in need of publicly supported contraceptive services: this includes 92,060 under age 20, and 204,330 between the ages of 20-44 and under 250% of poverty. The statewide denominator used to determine the percent of total estimated need in Wisconsin met through WI GPR/Title V funded services is 296,390. The basis for the projections for 2003-2008 objectives is implementation and continuation of the WI Medicaid waiver that expands eligibility for family planning services. We assume the Medicaid waiver, implemented January 1, 2003, will result in an increased number of women at risk of unintended pregnancy receiving services at publicly supported clinics; therefore, we revised our objectives accordingly.

Notes - 2003

Sources: Numerator: Number of women receiving contraceptive services at GPR/Title V and Title X funded clinics. Denominator: Estimated number of Wisconsin women at risk of unintended pregnancy estimated by the Alan Guttmacher Institute (AGI). Revised 2000 estimates of need.
Data issues: Among the 1,235,190 women in Wisconsin ages 13-44, 634,250 are estimated to be at risk of unintended pregnancy and in need of contraceptive services and supplies. Of this number, 230,060 are estimated to be at risk of unintended pregnancy and in need of publicly supported contraceptive services: this includes 95,350 under age 20, and 134,710 between the ages of 20-44 and under 250% of poverty. The statewide denominator used to determine the percent of total estimated need in Wisconsin met through WI GPR/Title V funded services is 230,060. The basis for the projections for 2004-2008 objectives is implementation and continuation of the WI Medicaid waiver that expands eligibility for family planning services. We assume the Medicaid waiver, implemented January 1, 2003, will result in an increased number of women at risk of unintended pregnancy receiving services at publicly supported clinics; therefore, we revised our objectives accordingly. Please note the following changes in 2003: 1) AGI released revised estimates of need for 2000, and the statewide denominator changed from 296,390 to 230,060; 2) an increased number of women received services in 2003 compared to 2002; and 3) the methodology for counting patients was changed in 2003 – from contraceptive patients receiving a physical examination to any patient receiving contraceptive management services as defined by a V25 ICD-9 code. The change in the denominator alone resulted in an increased percentage from 33.3% (98,678/296,390) to 42.9% (98,678/230,060).

Notes - 2004

Sources: Numerator: Number of women receiving contraceptive services at GPR/Title V and Title X funded clinics. Denominator: Estimated number of Wisconsin women at risk of unintended pregnancy estimated by the Alan Guttmacher Institute (AGI). Revised 2003 estimates of need.
Data issues: Among the 1,235,190 women in Wisconsin ages 13-44, 634,250 are estimated to be at risk of unintended pregnancy and in need of contraceptive services and supplies. Of this number, 230,060 are estimated to be at risk of unintended pregnancy and in need of publicly supported contraceptive services: this includes 95,350 under age 20, and 134,710 between the ages of 20-44 and under 250% of poverty. The statewide denominator used to determine the percent of total estimated need in Wisconsin met through WI GPR/Title V funded services is 230,060. The basis for the projections for 2005-2009 objectives is implementation and continuation of the Wisconsin Medicaid family planning waiver that expands eligibility for family planning services. We assume the Medicaid waiver, implemented January 1, 2003, will result in an increased number of women at risk of unintended pregnancy receiving services at publicly supported clinics; therefore, we revised our objectives accordingly. Please note the following changes in 2004: changes in protocols to make contraceptive supplies more convenient resulted in a slight decrease in the number of patients returning to clinics within the year, and therefore, receiving a clinic visit counted for the numerator. Increased participation is anticipated in the Waiver is reflected in the objectives.

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #2 relates to Wisconsin's Priority Need #2 - Health Access and #7 - Teen Pregnancy.

Access and availability to family planning services and related reproductive health care contributes to the prevention of unintended pregnancy, and improves access to basic routine primary and preventive health care for low income and uninsured women.

Access to private and confidential contraceptive services, which can be assured through publicly supported-services, is essential for providing effective contraceptive services to sexually active adolescents. This is a cornerstone of Wisconsin's strategy to prevent adolescent pregnancy. Reproductive health care that routinely accompanies contraceptive services addresses basic health issues that are an important part of women's routine and

preventive health care.

1. Contraception and Related Reproductive Health Care--Direct Health Care Services--Women and sexually active adolescents

Title V Block Grant and matching State Funds supported the following services to women:
* 31,779 women received comprehensive family planning services;
* 18,381 women received pregnancy testing services and appropriate continuity of care (contraceptive services or pregnancy-related services),
* over 40,000 women received screening for chlamydia as part of infertility prevention services,
* 44,415 women received cervical cancer screening services.

2. Implementation of Wisconsin's Medicaid Family Planning Waiver Program--Enabling Services--Women and sexually active adolescents

The purpose of many activities in 2004 was the continued implementation of Wisconsin's Medicaid Family Planning Waiver (FPW). The FPW expanded Medicaid eligibility to women ages 15-44 with incomes below 185% of poverty. Successful implementation of the FPW will expand family planning access to 50,000 additional women in Wisconsin. As of December 31, 2004, 55,515 women were enrolled under this program.

A Social Marketing/Quality Improvement project continued to determine how population segments currently not using contraceptive services could be reached to provide them information needed for making an informed choice about participation in the FPW. Another purpose was to determine what changes needed to be made in clinic services to make services more acceptable to newly eligible women to receive services. These activities will continue in 2005.

3. Family Planning Provider Training--Infrastructure Building Services--Women and sexually active adolescents

Provider training sessions were continued to improve knowledge and skill levels in several key areas including CPT/ICD-9 coding, cost accounting, HIPAA privacy responsibilities, and presumptive eligibility procedures (used for initial enrollment into the FPW). Technical assistance and support to family planning providers was facilitated through a List-Serve and web-site supported by Health Care Education and Training, with which DPH/MCH contracts. http://www.hcet.org/resource/states/wi.htm

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Contraception and related reproductive health care	X			
2. Implementation of Wisconsin's Medicaid Family Planning Waiver Program		X		
3. Family planning provider training				X
4.				
5.				
6.				
7.				
8.				

9.				
10.				

b. Current Activities

1. Contraception and Related Reproductive Health Care--Direct Health Care Services--Women and sexually active adolescents

Expansion of family planning (contraception and related reproductive health care) services is anticipated during 2005 as a result of the Medicaid Family Planning Waiver. Twelve thousand additional women will likely receive services in 2005 above 2004 service.

In 2005, the Department of Health and Family Service's Family Planning and Reproductive Health Care Council continues to meet regularly. The Family Planning Council's role is to advise the Secretary and foster internal Departmental coordination to insure access to cost-effective family planning services and reproductive health care. The goals include: to provide access to affordable reproductive health care (especially to low-income income women), prevent unintended pregnancy, and deliver cost effective services. The Wisconsin Lt. Governor actively participates in the Family Panning Council. Family planning services are considered to be an integral component of women's health care.

Family planning will also be included in DHFS efforts to decrease disparities among women of color with respect to low birth weight -- integrating family planning with other interventions to reduce the incidence of low birth weight.

2. Promotion and Outreach for Wisconsin's Family Planning Waiver Program--Enabling Services--Women and sexually active adolescents

Title V Program staff are actively involved with the Medicaid Program in implementing the Family Planning Waiver.

3. Family Planning Provider Training--Infrastructure Building Services--Women and sexually active adolescents

Technical assistance and support, and continuing education activities identified above will continue in 2005. Planning for provider training in clinic quality improvement issues, resulting from the social marketing research, will continue.

c. Plan for the Coming Year

This performance has been changed to reflect the new 5-year Title V Needs Assessment. See Section II., Needs Assessment.

State Performance Measure 3: *Percent of women who use tobacco during pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual					

Performance Objective	16.8	16.4	16	15.6	15.2
Annual Indicator	16.5	15.8	14.8	14.0	
Numerator	11428	10907	10139	9769	
Denominator	69215	68933	68456	69942	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	15	14.5	14	13.5	13

Notes - 2002

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2001. Madison, Wisconsin, 2003.
Data issues: Data for 2002 are not available from the Wisconsin Bureau of Health Information until mid-2004.

Notes - 2003

Data issues: There were 69.999 births in Wisconsin in 2003. Birth certificate data indicate that 60,173 women reported they did not smoke during pregnancy, 9,769 reported they smoked, and 57 were unknown. Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2003. Madison, Wisconsin, 2005.

Notes - 2004

Data for 2004 are not available from the Wisconsin Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Relates to Priority Need #8 -- ATODA. In 2003, Wisconsin women 14% of women self-reported via the birth certificate smoking during pregnancy and national average was 11.0%. Relationship to Priority Need(s): SPM #3 relates to National Outcome Measures #1, #3, #4, and #5. This SPM also relates to National Outcome Measure #2. In Wisconsin, 2003 smoking rates for African American and American Indian women are higher than national rates for the same groups. Seventeen percent of African American women in Wisconsin reported smoking, compared to 8.5% nationally, and 37% of American Indian women in Wisconsin reported smoking, compared to 18.3% nationally.

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

In 2004, the Title V Program funded 32 LPHDs totaling 36 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

As reported for 2004 in SPHERE, of those women that received a prenatal assessment utilizing Title V funds, 48% smoked before pregnancy and 30% smoked during pregnancy. Other SPHERE data shows of the women whose smoking changes during pregnancy were tracked approximately 60% reported being in the action or maintenance phase in their quit attempt and 43% reported exposure to second hand smoke. In Wisconsin during 2003, there were 69,999 live births; 14% of the women who gave birth reported smoking, 86% reported no smoking and .08% were unknowns. Analysis of birth certificate data indicate that smoking rates continue

to be highest among women under age 25 and who were American Indian or African American.

2. First Breath--Enabling Services--Pregnant women, mothers and infants

In 2004, the Title V Program continued its First Breath Prenatal Smoking Cessation Program partnership with the Wisconsin Women's Health Foundation. By year end, there were a total of 114 First Breath sites in 62 counties and 1,240 women received services, twice the number of clients served from the previous year. During 2004, a cost analysis of the 2001-2002 pilot program was completed and demonstrated on average the Wisconsin Medicaid program saved $1,274 per First Breath clients who quit smoking.

Another focus during 2004 was initiating First Breath services in communities of color, specifically African American and American Indian populations. Through needs assessment, outreach and networking, First Breath recruited sites in communities of color to attend one of three trainings held in 2004 resulting in an additional 22 First Breath sites that serve the target population and a 100% increase in the number of women of color receiving First Breath services by the end of the year. First Breath additionally collaborated with several tribal sites to create a culturally specific American Indian program brochure.

3. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #18.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V Funded Perinatal Services		X		
2. First Breath		X		
3. Prenatal Care Coordination		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Title V MCH Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

For 2005, the Title V program funded 32 LPHDs totaling 35 objectives to do perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

2. First Breath--Enabling Services--Pregnant women, mothers, infants

As of May, 113 First Breath sites are participating in the program and 362 women have been enrolled. By year end, First Breath is projected to enroll about 1,500 women. The statewide

expansion of the program has been completed and First Breath is now focusing on enhancing technical assistance to existing sites.

First Breath will complete the following highlighted activities beginning in May through the end of the remainder of 2005. Five regional training sessions will be conducted for counselors to network and share about their experience with clients. Providers will be able to access a web cast consisting of five training modules to orient new staff at existing First Breath sites to the program. Upon completion, providers will be required to complete a competency test ensuring their understanding of the First Breath program protocols and counseling techniques. The first annual First Breath statewide meeting will be held. An online directory of research articles for counselors to access on the program website will be created. A University of WI Center for Tobacco Research and Intervention Regional Outreach Specialist will visit each First Breath site to address site needs regarding counseling, use of the Quit Line fax referral program, and other ways providers wish to improve their performance with clients.

The Governor introduced his KidsFirst plan in 2004 -- a comprehensive plan to invest in Wisconsin's future. This plan contains many components, including anti-tobacco initiatives that focus efforts to reduce smoking. One specific action step to address this priority is the expansion of the First Breath program statewide. Title V Program staff will be intimately involved in the details of this as the specifics unfold.

3. Women and Tobacco Team (WATT)--Enabling Services--Pregnant women, mothers, infants.

Formed in 2004 to focus on tobacco use and cessation among women of reproductive age continued its work and added additional partners. The team's emphasis continues to be on connecting providers to the Wisconsin Tobacco Quit line's Fax Referral Program and providing information and resources to providers about the importance of smoking cessation among women of reproductive age. Plans are underway to present at a future ACOG conference and to develop a marketing campaign around billing issues for providers, focusing primarily on Medicaid clients.

4. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #18.

c. Plan for the Coming Year

1. Title V MCH Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

Due to the complex nature of smoking during pregnancy, this topic will continue to be a priority for the Title V program. Title V program funds will continue to be provided to the local level that encourage and support agencies to incorporate and provide services and counseling to women who use tobacco during pregnancy. The objective for 2006 is 14.5% of women reporting smoking during pregnancy.

2. First Breath--Enabling Services--Pregnant women, mothers, infants

The Title V Program will continue as a partner to accomplish the goals of the First Breath Program. Specific needs to be addressed in 2005 for First Breath include: increase extra treatment and social support for women, outreach to pediatricians and child care providers about First Breath, working more closely with the partners of First Breath clients and providing special attention to the post partum relapse period. Discussions will continue regarding addressing the needs of women before and after pregnancy, focusing on women of

reproductive age, to include expanding the partnership beyond the current team. Title V Program staff will continue to be involved in the activities associated with First Breath expansion as proposed in the Governor's KidsFirst plan.

3. Women and Tobacco Team (WATT)--Enabling Services--Pregnant women, mothers, infants.

The work of this team will continue, to include pursuing offering continuing education opportunities to providers and expanding the team's membership to further ehance collaborative opportunities.

4. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

See NPM #18.

State Performance Measure 4: *Percent of high school youth who self-report taking a drink in the past 30 days.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	40%	39%	45	45	45
Annual Indicator	51.8	54.0	54.0	47.9	49.3
Numerator		1087	1087	994	994
Denominator		2013	2013	2075	2015
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	44.5	44.5	44	44	

Notes - 2002

Source: Wisconsin Department of Public Instruction, Wisconsin Youth Risk Behavior Survey, 2002. Madison, Wisconsin, 2000. Numerator: Unweighted data. Denominator: Unweight data. Data issues: The Wisconsin YRBS is conducted as part of the national YRBS by CDC and is administered every other year in Wisconsin. A stratified random sample of classrooms in all public schools with ninth through twelfth grades is used. The data for 2002 are from 2001.

Notes - 2003

Source: Wisconsin Department of Public Instruction, Wisconsin Youth Risk Behavior Survey, 2003. Madison, Wisconsin, 2003. Numerator: Weighted data. Denominator: Weighted data. Data issues: The Wisconsin YRBS is conducted as part of the national YRBS by CDC and is administered every other year in Wisconsin. A stratified random sample of classrooms in all public schools with ninth through twelfth grades is used.

Notes - 2004

Data for 2004 are not available.

a. Last Year's Accomplishments

Relationship to Priority Need(s)-According to the 2003 Wisconsin YRBS survey results, student reports of alcohol use were showing signs of decreasing. Fewer students reported experimenting with alcohol before the age of 13 years of age (25% in 2003) compared to 37% respectively). Additionally, 28% of the students reported binge drinking (5 or more drinks of alcohol in a row) in the past 30 days was lower than the National average of 30%.
1. ATODA Service, Education and Referral--Direct Health Care Services--Adolescents

The Division of Disability and Elder Service's (DDES) Bureau of Mental Health and Substance Abuse Services (BMHASA) received a federal grant from the Office of Justice Assistance for expansion of AODA screening youth at the point of juvenile justice intake. Currently 11 counties are funded and there are plans to fund another eleven.

*BMHSAS-AODA lead Research Analyst began an adolescent treatment outcome study with agencies across the state that volunteered to participate.
*The Department of Health and Family Services (DHFS) and BMHSAS completed a State Mental Health and Substance Abuse Service's grant application for Adolescent Treatment Infrastructure to address needed binge drinking and mental health services.

2. Prevention Programs--Enabling Services--Adolescents

The Alliance for Wisconsin Youth (formerly the Alliance for a Drug-Free Wisconsin), is made up of community youth/adult community coalitions and is present in 81% of the Wisconsin Counties and 27% of the Wisconsin Tribes. The Alliance provides over $150,000 to local Alliances to reduce youth alcohol and other drug abuses. The results include information and educational sessions regarding drug-free alternative strategies to environmental strategies to reduce youth access to alcohol to a statewide media campaign.

The Brighter Futures Initiative (BFI) continues to have a goal of the prevention and reduction of the incidence of youth alcohol and other drug use and abuse. BFI operates in nine counties with the highest rates of youth alcohol abuse. BFI experienced some specific successes in a rural, urban and a Tribal community.

3. State Council--Infrastructure Building Services--Adolescents

In December, 2004, the Wisconsin State Council on Alcohol and Other Drug Abuse(SCAODA) accepted the Department's (DHFS) State Incentive Grants Long-Range Strategic report that encompassed the recommendations of the 2002 Underage Drinking Task Force.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. ATODA Service, Education, and Referral	X			
2. Prevention Programs		X		
3. State Council				X
4.				
5.				

6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. ATODA Services--Education and Referral-Direct Health Care Services--Adolescents

DHFS/BMHSAS is reinvesting some of its substance abuse block grant savings toward Milwaukee's treatment agencies to create linkages for youth in criminal justice who have co-occurring treatment needs. This also includes the provision of training juvenile justice probation and agencies in developmental neurobiology of addiction and gender/trauma interface.

BMHSAS's Adolescent Treatment Outcome Study was completed and it demonstrated the AODA treatment works.

BMHSAS's screening was expanded in 2005 to include the eleven additional counties.

2. Prevention Programs--Enabling Services--Adolescents

The Alliance for Wisconsin Youth continued its support of local alliances. For example in Sawyer County, they held a Search and rescue event to assist winter skiers and provided the model training to participants so that they can do the same in an alcohol, drug, and violence free environment. As another example, in Rock County, they held a Family and Community Town Suppers (FACTS) for 241 participants with an anti-drug and alcohol message.

The Brighter Futures Initiatives (BFI) notes two local examples:
Milwaukee Safe Haven Program operated by the Social Development Commission provides afterschool, weekend and overnight activities for pre-teens, teens and their families focusing on youth socialization, healthy lifestyles and ATODA prevention.

Milwaukee Adolescent Health Program operated by the Medical College of Wisconsin coordinates health care screenings and support services for high-risk youths focusing on improved reproductive health decision making skills and the reduction of drug and alcohol use among its participants

3. State Council--Infrastructure Building Services--Adolescents

DHFS/BMHSAS awaits the federal decision on whether they will award Wisconsin the Adolescent Treatment Infrastructure Grant which will bring a more intense state focus on underage drinking.

c. Plan for the Coming Year

This performance measure was not selected for continuation based on the new 5-year 2005 Title V Needs Assessment.

State Performance Measure 7: *Percent of women enrolled in WIC during pregnancy who initiated breastfeeding.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	60%	52.5	59	62	65
Annual Indicator	55.5	57.4	59.2	58.2	
Numerator	13389	14806	14194	16464	
Denominator	24131	25791	23977	28288	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	67	68	70	71	71.5

Notes - 2002

Source: 2001 Pregnancy Nutrition Surveillance System (PNSS) data file.
Data issues: Breastfeeding data are collected by the WIC program and sent to CDC for analysis by the Pregnancy Nutrition Surveillance System (PNSS). The data reported were derived from the PNSS data file by the Wisconsin Bureau of Health Information, due to the fact that the PNSS reports were not available from CDC. This is consistent with the data reported in the past. The data reflect approximately 40% of all births in the Wisconsin. Our annual objectives move toward the national objective of 75% breastfeeding initiation for Healthy People 2010. We realize this objective is high, however, since it is consistently used in reports and statements distributed to our local projects, we are comfortable presenting it to our local projects. 2002 data are not available until mid-2004.

Notes - 2003

Source: 2003 Pregnancy Nutrition Surveillance System (PedNSS) report.
Data issues: Breastfeeding data are collected by the WIC program and sent to CDC for analysis by the Pediatric Nutrition Surveillance System (PedNSS). The data reflect approximately 40% of all births in the state. Our annual objectives move toward the national objective of 75% breastfeeding initiation for Healthy People 2010. We realize this objective is high, however, since it is consistently used in reports and statements distributed to our local projects, we are comfortable presenting it to our local projects.

Notes - 2004

Data for 2004 are not available until 2006.

a. Last Year's Accomplishments

Relationship to Priority Needs: SPM #7 relates to Wisconsin Priority Need: Family and Parenting. The promotion and support of breastfeeding were also identified as health priorities, "Adequate and Appropriate Nutrition" and "Overweight, Obesity and Lack of Physical Activity," in Healthiest Wisconsin 2010, the state's public health plan.

Breastfeeding initiation among women enrolled in WIC during pregnancy was chosen as a performance measure because of several factors. The MCH and WIC Programs in Wisconsin have a history of collaboration to provide services to pregnant women, mothers and infants. Many LPHDs also administer a WIC Project, which provides a rich opportunity for service

collaboration. The WIC Program shares data with the MCH data system. Wisconsin participates in the CDC PedNSS and the PNSS -- primary data sources for breastfeeding initiation and duration available for the WIC population in Wisconsin.

1. Performance Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2004, approximately 30% of the LPHD selected objectives related to healthy birth outcomes through care coordination services. The provision of breastfeeding information during pregnancy impacts the woman's decision to initiate breastfeeding.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2004, a LPHD chose the peer mentoring program for the support of breastfeeding. Peer mentoring programs have been found to be very effective at promoting and supporting breastfeeding. With the support of USDA funding, an RFP was released in 2004 with 3 projects selected as peer counseling pilots.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and the general public

The Wisconsin Breastfeeding Coalition continues to promote breastfeeding as the cultural norm through public education and awareness. The Coalition distributed fact sheets and sample policies promoting breastfeeding in communities.

Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin project includes a public awareness campaign that aired on Milwaukee buses during the summer of 2004.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding women

"Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin" implementation plan outlined several infrastructure components that were in development in CY 2004 including a skin-to-skin brochure and presentation in collaboration with the Wisconsin Association of Perinatal Care and an interactive CD-ROM for employers to support breastfeeding women returning to the worksite. Addtionally, How To Support A Breastfeeding Mother -- A Guide for the Childcare Center was distributed to local breastfeeding coalitions.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Performance Based Contracting	X			
2. Statewide Breastfeeding Activities		X		
3. The Wisconsin Breastfeeding Coalition			X	
4. Collaboration and Partnerships: Implementation of the Loving Support Campaign				X
5.				

6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Performance Based Contracting--Direct Health Care Services--Pregnant and breastfeeding women

As part of the performance based contracting process for CY 2005, approximately 30% of the LPHD selected objectives related to healthy birth outcomes through care coordination services. A number of LPHDs selected an objective of breastfeeding initiation and duration rates through care coordination, breastfeeding education, and postpartum breastfeeding support. Breastfeeding education, promotion and support are included in the care for pregnant women and mothers and infants.

A breastfeeding educator certification program will be held in Green Bay in August 2005 to increase the number of professionals that have additional training in breastfeeding promotion and support.

2. Statewide Breastfeeding Activities--Enabling Services--Pregnant and breastfeeding women

The USDA WIC Program launched the national Loving Support initiative to institutionalize breastfeeding peer counseling as a core service. The peer counseling and mother-to-mother support programs are being promoted to LPHDs and local breastfeeding coalitions. These programs are being promoted for use in populations where breastfeeding initiation is low (African American and Hmong) and to the general population where breastfeeding is low. By August 2005, at least 14 Hmong and Hispanic peer counselors will be trained in their native languages through the Bilingual Breastfeeding Peer Counselor Project.

3. Wisconsin Breastfeeding Coalition--Population-Based Services--Pregnant and the general public

Through the Loving Support Project, the 10 Steps to Successful Breastfeeding will be promoted to hospitals and birth centers to improve the rate of breastfeeding success.

The "Using Loving Support to Build a Breastfeeding Friendly Community in Wisconsin" project includes a public awareness campaign that will continue to be promoted to local media outlets.

4. Collaboration and Partnerships: Implementation of the Loving Support Campaign--Infrastructure Building Services--Pregnant and breastfeeding women

The WIC Breastfeeding Coordinator continues to serve as chair of the Wisconsin Breastfeeding Coalition (WBC)during CY 2005 and will work with the Nutrition and Physical Activity Grant to include/promote breastfeeding as a strategy to prevent childhood overweight and wil coordinate the strategic planning process with WBC to identify priorities for the future. WBC partners continue to partner in other groups such as the Hunger Task Force of Milwaukee and Mercury Free Wisconsin.

In addition, How To Support A Breastfeeding Mother -- A Guide for the Childcare Center will continue to be distributed to local breastfeeding coalitions.

c. Plan for the Coming Year

This performance measure was not selected for continutation based on the new 5-year Title V Needs Assessment.

State Performance Measure 12: *Percent of children, ages 6-8, with untreated dental decay in primary and permanent teeth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	30	25.5	25.0	30.0	29.5
Annual Indicator	30.0	30.8	30.8	30.8	30.8
Numerator	22500	1019	22368	22368	22368
Denominator	75000	3307	72626	72626	72626
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	29.0	27	25	25	25

Notes - 2002

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health Make Your Smile County survey of third grade children, 2001-02. Denominator: the number of third grade children enrolled in public and private schools in SY 2002-03 from the Wisconsin Department of Public Instruction. A follow up survey is planned for 2005-06.

Notes - 2003

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health Make Your Smile County survey of third grade children, 2001-02. Denominator: the number of third grade children enrolled in public and private schools in SY 2002-03 from the Wisconsin Department of Public Instruction. A follow up survey is planned for 2005-06.

Notes - 2004

Source: Numerator: calculated by taking 2001's indicator, the most recent Wisconsin Division of Public Health Make Your Smile County survey of third grade children, 2001-02. Denominator: the number of third grade children enrolled in public and private schools in SY 2002-03 from the Wisconsin Department of Public Instruction. A follow up survey is planned for 2005-06. Future data are dependent on funding for another survey.

a. Last Year's Accomplishments

Relationship to Priority Needs(s): SPM # 12 relates to Wisconsin's Priority Need on dental health. The 2001-02 Make Your Smile Count Survey revealed 60% of Wisconsin's children have experienced tooth decay by third grade. There are significant oral health disparities: minority and low-income children are more likely to have caries experience and untreated

decay while they are less likely to have dental sealants.

Report of 2004 Major Activities
1. Fluoride Program--Population-Based Services--Pregnant women, mothers, infants and children including CSHCN

In 2004 Wisconsin maintained fluoridation of existing community water systems and increased the number that fluoridate. The School Fluoride Mouth Rinse Program served over 10,000 children through 18 programs. The Dietary Fluoride Supplement program provided by 15 health departments served 1,700 children.

2. Dental Sealant Program--Population-Based Services--Children, including CSHCN

In 2003-04, 14 community or school-based programs hosted 102 Wisconsin Seal-A-Smile program events. Seal-A-Smile delivered sealants to 2,898 Wisconsin children during the 2003-2004 school year. It is estimated that Seal-A-Smile saved 2.5 molars from decay per child sealed. The program placed almost 12,500 dental sealants, referred 1,049 children for dental care, delivered fluoride to 1,459 children and oral health education to 7,032 children.

Through the GuardCare Sealant Program was not conducted in 2004 due to troop deployment.

3. Tobacco Prevention Program--Population-Based Services--Children, including CSHCN

The Spit Tobacco Program served 80,000 fifth grade students in 150 schools. A "Brewers Day in the Park" featured the program and distributed 10,000 comic books. A DVD was developed to support the program.

4. Maternal and Early Childhood Oral Health Program--Population-Based Services--Pregnant women, mothers, infants

Regional Oral Health Consultants were contracted to serve the five DPH Regions and were responsible for oral health prevention programs in five DPH Public Health regions and local communities. Over 175 primary health care clinic personnel were trained by the Regional Oral Health Consultants in Integrating Preventive Oral Health Measures into Healthcare Practice, infant/toddler oral screening, anticipatory guidance, fluoride varnishes.

5. Clinical Services and Technical Assistance--Population-Based Services--Pregnant women, mothers, infants and children, including CSHCN.

SmileAbilities forum in the Western Region promoted oral health for children with special health care needs to develop a common understanding of growth and development, oral disease processes and disease prevention strategies.

6. Oral Health Surveillance--Infrastructure Building Services--Children including CSHCN. Two county surveys were conducted by the regional oral health consultants in Rusk and Chippewa Counties.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Fluoride Programs			X	
2. Dental Sealant Programs			X	

3. Integrating Preventive Oral Health Measures into Healthcare Practice: Training Program for Primary Health Care Settings Program			X	
4. Tobacco Prevention Programs			X	
5. Clinical Services			X	
6. Clinical Services			X	
7. Oral Health Technical Assistance			X	
8. Oral Health Surveillance			X	
9. Governor's KidsFirst Initiative				X
10.				

b. Current Activities

1. Fluoride Program--Population-Based Services--Pregnant women, mothers, infants and children including CSHCN

Technical assistant efforts continue to assist with maintaining fluoridation of existing community water systems and increasing the number that consider fluoridation. The School-Based Fluoride Mouth Rinse Program in elementary school and Dietary Fluoride Supplement program are ongoing.

2. Dental Sealant Program--Population-Based Services--Children, including CSHCN

In 2004-05 there are 12 community or school-based programs as a result of the Wisconsin Seal-A-Smile program. Collaboration with the Centers for Disease Control and Prevention is continuing to integrate software into the program for evaluation purposes.

The oral health component of the GuardCare Sealant Program was postponed this year due Wisconsin Army National Guard on duty in Iraq.

The oral health component of the Governor's KidsFirst Initiative is being promoted and anticipated to expand the Wisconsin Seal-a-Smile Program, integrate preventive oral health into health care practice and increase the use of dental hygienists to prevent oral disease.

3. Tobacco Prevention Program--Population-Based Services--Children, including CSHCN

Spit Tobacco Program-DPH contracts with the Department of Instruction to serve 80,000 fifth grade students in 150 schools throughout the state during the 2004-2005 school year. A "Brewers Day in the Park" featured the program and distributes 10,000 comic books, child friendly with positive health messages.

4. Maternal and Early Childhood Oral Health Program--Population-Based Services--Pregnant women, mothers, infants

Regional oral health consultants provided Integrating Preventive Oral Health Measures into Healthcare Practice training to health care personnel in local health departments, tribal health centers, medical education programs, federally qualified health centers and local health departments serving low income infants and toddlers. Primary health care clinics were a focus of training and featured at a State-wide Wisconsin Nursing Association meeting, for Nurse Practitioners.

5. Clinical Services and Technical Assistance--Population-Based Services--Pregnant women, mothers, infants and children, including CSHCN

The Regional Oral Health Consultants serve the five DPH Regions and are responsible for oral

health prevention programs in five DPH Public Health regions and local communities including children with special health care needs.

SmileAbilities was featured as a break out session at the Circles of Life Conference to assist families in promoting oral health for children with special health care needs.

6. Oral Health Surveillance--Infrastructure Building Services--Children including CSHCN

Two Make Your Smile Count surveys of third grade children were conducted in Vilas and Clark County. The surveys are being used to develop and assist with community needs assessments and plans.

c. Plan for the Coming Year

This performance has been changed to reflect the new 5-year Title V Needs Assessment. See Section II., Needs Assessment.

State Performance Measure 13: *Percent of children, ages 2-4, who are obese or overweight.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	NA	11.4	11.2	11.0	10.8
Annual Indicator	11.4	11.3	11.8	13.0	
Numerator	5312	5366	5781	6537	
Denominator	46599	47489	48993	50284	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	12	12.1	11.8	11.6	11.6

Notes - 2002

Source: 2000 Pediatric Nutrition Surveillance System (PedNSS), Centers for Disease Control and Prevention.
Data issues: Height and weight data are collected by the WIC Program and sent to CDC for analysis by the Pediatric Nutrition Surveillance System (PedNSS). While the WIC data do not represent the population as a whole for children ages, 2-4, the data are readily available and represent many children who are at higher nutritional risk in Wisconsin. In December 2001, CDC began providing data analyses utilizing body mass index as a measurement for identifying children at risk of being overweight or children who are currently overweight using age and

gender-specific growth charts. These new analyses provide an unduplicated count of children enrolled in the WIC program during the reporting period. The prevalence trends from the data will provide opportunities to target childhood overweight and develop prevention and intervention strategies, which may prevent overweight and obesity in adolescence and adulthood. 2002 data are not available until mid-2003.

Notes - 2003

Data issues: Height and weight data are collected by the WIC Program and sent to CDC for analysis by the Pediatric Nutrition Surveillance System (PedNSS). While the WIC data do not represent the population as a whole for children ages 2-4, the data are readily available and represent a higher risk population in Wisconsin. Childhood overweight is increasing at alarming rates and is likely to continue to increase until a multi-faceted, comprehensive plan is implemented to improve nutrition and increase physical activity. The objective projections reflect this reality.

Notes - 2004

Data for 2004 are not available until 2006.

a. Last Year's Accomplishments

Relationship to Priority Need(s): The percent of children, ages 2-4, who are overweight, relates directly or indirectly to three of Wisconsin's Priority Needs. This was chosen as a state performance measure because it directly relates to one of the 11 health priorities in Healthiest Wisconsin 2010, Wisconsin's state health plan, "Overweight, Obesity, and Lack of Physical Activity."

1. Increased knowledge of healthy behaviors--Enabling Services--Children over the age of 2, including CSHCN and their families

Statewide efforts to implement the Wisconsin state health plan priority related to childhood overweight were undertaken by several LPHDs through the performance based contracting system. Specifically, 6 LPHDs targeted educational programs to school-aged children and youth to increase their knowledge and awareness of nutrition and physical activity related behaviors and the connection of a healthy lifestyle to long-term health. Other LPHDs provided education and referrals through perinatal and childcare coordination services including promoting breastfeeding, addressing food insecurity issues and other education targeted to young families.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CSHCN and their families

During 2004, four LPHDs facilitated community-wide campaigns to improve nutrition and/or increase physical activity through negotiated performance based objectives. These events included "Walk to School" events, "Helping Kids Grow" campaign and the "Walk, Dance and Play" social marketing campaign.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CSHCN and their families

As part of the 2004 performance based contracting process, 5 LPHDs choose to focus efforts on building an infrastructure to address childhood and overweight through community nutrition needs assessments, school surveys and developing comprehensive plans.

The DPH was awarded a CDC grant to develop a statewide Nutrition and Physical Activity Program to prevent overweight, obesity and related chronic diseases in July 2003. Through the Wisconsin Nutrition and Physical Activity Workgroup (WINPAW) a strategic plan to address the issue of overweight and obesity in Wisconsin was developed. This program has also worked

closely with the WIC Program, the DPI programs (Team Nutrition) to reach pre-school and school-aged children (early childhood) and the Child and Adult Care Feeding Program to reach daycare providers.

4. Nutrition and Physical Activity Coalitions--Collaboration and Partnerships--Children over the age of 2, including CSHCN and their families

There are over 40 nutrition and physical activity coalitions that are working on overweight and obesity prevention efforts; many focused specifically on children. Central and Regional Office Nutrition staff provide technical assistance and support for these efforts.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increased knowledge of healthy behaviors		X		
2. Community campaigns			X	
3. Needs assessments and plans				X
4. Nutrition and physical activity coalitions				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Increased knowledge of healthy behaviors--Enabling Services--Children over the age of 2, including CSHCN and their families

Statewide efforts to implement the Wisconsin state health plan priority related to childhood overweight are being undertaken by several LPHDs through the performance based contracting system. Specifically, 8 LPHDs are providing targeted educational programs to school-aged children and youth to increase their knowledge and awareness of nutrition and physical activity related behaviors and the connection of a healthy lifestyle to long-term health.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CSHCN and their families

The Wisconsin Nutrition Education Network is sponsoring a social marketing campaign to improve nutrition and increase physical activity. The "Stepping Up to a Healthy Lifestyle" campaign is being implemented in over 40 counties in Wisconsin through community partnerships. The LPHDs are the lead agency in many instances. Other efforts planned include Walk to School events, Safe Routes to School initiatives, "Fit WIC" pilot and workplace wellness campaigns. These campaigns/programs aim to impact the growing rates of childhood overweight and adult obesity.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CSHCN and their families

The DPH was awarded a CDC grant to develop a statewide Nutrition and Physical Activity Program to prevent overweight, obesity and related chronic diseases in July 2003. The state plan for obesity prevention that was developed by the Wisconsin Nutrition and Physical Activity Workgroup (WINPAW) is beginning to be implemented. The plan includes objectives related to childhood overweight including exclusive and sustained breastfeeding, increased fruit and vegetable consumption, decreased sweetened beverage consumption, appropriate portion sizes, decreased TV and screen time and increased physical activity. The program works closely with the WIC Program, the MCH Programs, the DPI programs (Team Nutrition) to reach pre-school and school-aged children (early childhood) and the Child and Adult Care Feeding Program to reach daycare providers.

4. Nutrition and Physical Activity Coalitions--Collaboration and Partnerships--Children over the age of 2, including CSHCN and their families

There are over 40 nutrition and physical activity coalitions that are working on overweight and obesity prevention efforts; many focused specifically on children. Central and Regional Office Nutrition staff provide technical assistance and support for these efforts.

The DPH Regional Nutrition Consultants are facilitating a professional development workshop focused on Nutrition Policy to be held summer 2005. This workshop is targeted to public health nutritionists, public health educators, policy makers and public health nurses.

c. Plan for the Coming Year

1. Increased knowledge of healthy behaviors--Enabling Services--Children over the age of 2, including CSHCN and their families

Through the performance based contracting system, Local Health Departments (LPHD) will be encouraged to choose objectives and activities that will promote and support breastfeeding, increased fruit and vegetable consumption, limited television viewing and increased physical activity. These activities will be linked to the Healthiest Wisconsin 2010 (the state health plan) and the Wisconsin Nutrition and Physical Activity State Plan to prevent obesity and related chronic diseases.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CSHCN and their families

The Wisconsin Nutrition Education Network will be sponsoring a social marketing campaign to improve nutrition and increase physical activity during 2006. The "Stepping Up to a Healthy Lifestyle" campaign is targeted to low-income children and their families. To participated in the campaign community partners must agree to collaborate on the efforts.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CSHCN and their families

The DPH was awarded a 5-year, cooperative agreement from CDC to develop a statewide Nutrition and Physical Activity Program to prevent overweight, obesity and related chronic diseases in July 2003. The state plan for obesity prevention will serve as a guiding document for overweight and obesity prevention efforts. The focus of the cooperative agreement is to build an infrastructure to address overweight and obesity in Wisconsin. The Nutrition and Physical Activity Program works closely with its partner group, the Wisconsin Nutrition and Physical Activity Workgroup (WINPAW), to provide statewide leadership for this effort. WINPAW is a diverse partnership with over 60 organizations represented.

4. Nutrition and Physical Activity Coalitions--Collaboration and Partnerships--Children over the

age of 2, including CSHCN and their families

State and community partnerships and collaborations are vital to preventing and managing childhood overweight. There are currently 40+ local coalitions who focus on childhood overweight reductions.

Key partners in the implementation of the Nutrition and Physical Activity State Plan include: the WIC Program, the MCH Programs, the DPI programs (Team Nutrition) to reach pre-school and school-aged children (early childhood), the Child and Adult Care Feeding Program to reach daycare providers, local health departments and community coalitions.

State Performance Measure 14: *Ratio of the black infant mortality rate to the white infant mortality rate.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	NA	2.7	2.5	2.5	2.4
Annual Indicator	3.0	3.3	3.3	2.9	
Numerator	16.8	18.7	18.3	15.3	
Denominator	5.6	5.7	5.5	5.3	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	2.4	2.3	2.3	2.3	2.3

Notes - 2002

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Births and Infant Deaths, 2001. Madison, Wisconsin, 2003.

Notes - 2003

Source: Numerator and Denominator: Wisconsin Department of Health and Family Services, Wisconsin Division of Public Health, Bureau of Health Information and Policy, Wisconsin Births and Infant Deaths, 2002. Madison, Wisconsin, 2004.

Notes - 2004

Data for 2004 are not available from the Wisconsin Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #14, Ratio of the black infant mortality rate to the white infant mortality rate relates to Wisconsin's Priority Need- Health Disparities. In Wisconsin, the black infant mortality rate for 2003 was 15.3 deaths per 1,000 births to black mothers. The

2003 white infant mortality rate was 5.3 deaths per 1,000 births to white women. The ratio of the black infant mortality rate to the white infant mortality rate was 2.9 in 2003, compared to 3.3 in 2002 and 2001. Impact on National Outcome Measures: SPM #14 relates to National Outcome Measures #1-#5.

1. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants
PNCC services are available to Medicaid-eligible pregnant women with a high risk for adverse pregnancy. In State Fiscal Year 2004, 8787 women received PNCC services from 104 providers. See NPM #18 for more information

2. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

Healthy Babies Action Teams met in 2004 to support activities following a perinatal summit. See NPM #15 for more information.

3. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants

Two statewide projects provided education on maternal and child health topics and support for the Healthy Babies initiative. The Wisconsin Association for Perinatal Care Annual Conference featured a follow-up presentation on the life span approach to address racial and ethnic disparities in birth outcomes. A major educational effort on Perinatal Mood Disorders included regional forums and educational materials. A facilitated discussion on unlearning racism was hosted for a regional Healthy Babies Action Team and WAPC group. Preconception materials were disseminated through WAPC's "Becoming a Parent" toolkit. The Infant Death Center of Wisconsin facilitated the Healthy Babies Steering Committee and an Action Team. Education was provided to coroners and Medical Examiners related to cause and manner of death in sudden and unexpected infant deaths. Focus groups were held with African Americans to improve delivery of the SIDS risk reduction message. Infant Death Center of Wisconsin continued collaborative efforts with the Healthy Start projects, Milwaukee FIMR, Milwaukee hospital QI group, African American medical providers in Milwaukee, and the March of Dimes.

4. Federal Healthy Start--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program collaborated with the Milwaukee Healthy Beginnings Project of the Black Health Coalition on the Healthy Babies initiative, the Racial and Ethnic Disparities in Birth Outcomes Action Team and the Milwaukee Fetal Infant Mortality Review Program. MHBP held an African American Community Strategic Planning Meeting on infant mortality and co-sponsored the March of Dimes Prematurity Summit and a town hall meeting with African American physicians in Milwaukee.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Prenatal Care Coordination		X		
2. Healthy Babies in Wisconsin initiative				X
3. Title V funded statewide projects: Wisconsin Association for Perinatal Care and Infant Death Center of Wisconsin				X
4. Federal Healthy Start Projects			X	
5.				

6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants
The Title V Program is collaborating with the DHCH to finalize revisions of the PNCC inititial assessment tool and plan statewide implementation and education. The revised Pregnancy Questionnaire is a screening tool to begin the assessment process and identify women with increased risk of adverse pregnancy outcomes including premature delivery, low birth weight baby, and fetal/infant mortality. To build on PNCC services, a prenatal component was included in a Milwaukee Comprehensive Home Visiting Program.

2. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants
The Healthy Babies Aciton Teams continue to explore regional and racial/ethnic approaches to improve perinatal outcomes and reduce disparities in adverse pregnancy outcomes. Select activities include efforts to increase awareness of stress during pregnancy in the Western Region and a focus on tobacco cessation in the Souteast Region. The Title V program is represented on the Steering Committee.

3. Statewide Projects--Infrastructure Building Services-Pregnant women, mothers, infants
The WAPC annual conference featured major presentations on African American adolescent parents, multi-cultural perspectives on pregnancy, birth, and infant care, and perinatal depression. WAPC worked with a Healthy Babies Action Team to develop a poster entitled "A Pregnant Woman's Wish List," to increase awareness of stress during pregnancy and opportunities for community support. At the request of CDC, WAPC members will provide 3 presentations at a national Preconception Conference and submit 2 articles for publication in a Supplement on Preconception Care of the Maternal and Child Health Journal. The Infant Death Center of Wisconsin is providing support to the Healthy Babies initiative and providing education for hospital staff on the importance of consistent SIDS risk reduction messages and modeling Back to Sleep and safe sleep practices. Beginning July 1, 2005, statewide projects will continue educational efforts and support for the Healthy Babies initiative, reconvene a Folic Acid Task Force, and plan pilot projects to implement evidence-based strategies to improve birth outcomes and reduce disparities.

4. Federal Healthy Start--Popultion-based Services--Pregnant women, mothers, infants
The Title V MCH/CSHCN Program participates in the Milwaukee Healthy Beginnings Steering and Data Committees and the Milwaukee FIMR program. MHBP is a key partner in the Healthy Beginnings initiative. Services of the MHBP include outreach, education, interconceptional care, case management, links to resources, integration with other programs, and an incentive program.

c. Plan for the Coming Year

1. Prenatal Care Coordination (PNCC)--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to collaborate with DHCF to provide support and technical assistance for the PNCC program and providers. Outreach and quality improvement initiatives will continue to assure care coordination services are available to pregnant women at risk for adverse outcomes. A series of educational sessions will be provided to PNCC providers in Milwaukee.

2. Healthy Babies in Wisconsin: A Call to Action--Infrastructure Building Services--Pregnant women, mothers, infants

The Healthy Babies initiative will continue work to improve birth outcomes and address disparities with regional and racial/ethnic Action Teams. The Title V MCH/CSHCN Program will continue to support the initiative by: 1) Participating in the Steering Committee and Action Teams, 2) Funding support for related activities by Statewide Projects, and 3) Collaborating with partners on projects including the March of Dimes Prematurity Campaign and Milwaukee FIMR.

3. Statewide Projects--Infrastructure Building Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program plans to continue funding statewide projects for: 1) education on evidence-based practices to improve birth outcomes and reduce disparities, 2) support for the Healthy Babies initiative, 3) preconception education, resources and collaborative efforts, and 4) pilot projects. Pilot projects will be implemented by the statewide projects in targeted areas of the state with the highest rates of African American infant mortality. The statewide Program to Improve Maternal Health and Maternal Care will provide technical assistance and resources to support healthcare providers to increase risk assessment and follow-up services for perinatal women. The Statewide Program to Improve Infant Health and Reduce Disparities in Infant Mortality will establish a pilot project that supports healthcare providers and community organizations to implement strategies to reduce the risk of SIDS and infant mortality.

4. Federal Healthy Start--Popultion-based Services--Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to serve on advisory committees for the Healthy Start projects and participate in the Milwaukee FIMR program. The collaborative efforts of many partners will continue to sustain the Healthy Babies initiative.

State Performance Measure 15: *Death rate per 100,000 among youth, ages 15-19, due to motor vehicle crashes.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	NA	28.0	27.5	21.5	21
Annual Indicator	28.1	22.1	28.1	28.8	
Numerator	117	91	115	118	
Denominator	416190	411190	409396	409420	
Is the Data Provisional or Final?				Final	Provisional
	2005	**2006**	**2007**	**2008**	**2009**

Annual Performance Objective	20.5	20	19.5	19.5	19.5

Notes - 2002

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Deaths, 2001, Madison, Wisconsin, 2001. Denominator: Table A1. Wisconsin Bureau of Health Information, Wisconsin Population by age and sex, July 1, 2004. Wisconsin Deaths, 2001.

Notes - 2003

Sources: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Division of Health Care Financing, Bureau of Health Information, Wisconsin Deaths, 2003, Madison, Wisconsin, 2004. Denominator: Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish/, Population Module, accessed 03/01/05.

Notes - 2004

Data for 2004 are not available from the Wisconsin Bureau of Health Information and Policy until 2006.

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #15 relates to Wisconsin's Priority Need-Injury and is identified as a priority in Healthiest Wisconsin 2010, the state health plan. Wisconsin's 2003 YRBS results reveal that seat belt use (always or most of the time) when riding in a car driven by someone else increased from 51% in 1993 to 69% in 2003. The frequency of riding with someone during the past 30 days who had been drinking decreased from 39% in 1993 to 30% in 2003. During the same time period, the frequency of driving after drinking alcohol during the last 30 days remained relatively unchanged (15% in 1993 vs. 14% in 2003).

Wisconsin Department of Transportation (DOT) reports current usage for seat belts in Wisconsin to be approximately 66%. It found, however, that belt use is the lowest among drivers ages 16-25 at 65.9%. This group represents 16.2% of licensed drivers and yet accounted for 29.4% of drivers involved in crashes in 2003.

1. Educational Activities--Enabling Services--Adolescents

Mock vehicle crashes and other education continued to be used to impact this measure. DPI continued to have an Alcohol Traffic Safety (ATS) Program to develop and implement K-12 prevention curricula and instructional programs to counter the problem of drinking and driving by youth which includes the relationship between highway safety and the use of alcohol and controlled substances as part of the Drivers Education Curricula.

2. Graduated Driver License (GDL)--Population-Based Services--Adolescents

Wisconsin's Graduated Driver Licensing (GDL) implemented in 2000, requires specific conditions for young drivers. According to DOT, this law was put into effect for one major reason: to save the lives of Wisconsin teen drivers. Teen drivers are over represented in traffic crashes in Wisconsin. In 2002, only 6% of all licensed drivers in Wisconsin were teens 16-19 years old, yet represent 16% of all drivers involved in crashes.

DOT is reporting , based on three years of GDL restrictions (2001-03), the number of 16 year-old drivers involved in a crash has decreased. Compared to the 3 years prior, 16 year old drivers were 15% less likely to be in a traffic crash of any kind, 18% less likely to be in a fatal crash, and 20% less likely to be in a nonfatal injury crash.

3. Lower standard for Blood/Breath Alcohol Concentration (BAC)--Population-Based Services--Adolescents

In July 2003, Governor Doyle signed into law a bill to lower the prohibited BAC level for Operating While Intoxicated (OWI) to 0.08% from 0.10. The law which became effective on September 30, 2003 estimates the saving of 24 lives annually on Wisconsin roads (based on U.S. DOT data).

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Educational activities		X		
2. Graduated Driver License (GDL)			X	
3. Lower standard for blood/breath alcohol concentration (BAC)			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Educational Activities--Enabling Services--Adolescents

Mock vehicle crashes and other education efforts with parents and youth occur to impact this measure.

2. Graduated Driver License (GDL)--Population-Based Services--Adolescents

An article regarding the evaluation of the GDL was published in the January 2005 issue of the Wisconsin Medical Journal.

3. Local Needs Assessments--Infrastructure Building Services--Adolescents

Working with counties regarding data requests for needs assessments and preventions continues.

4. Injury Prevention Coordinating Committee--Infrastructure Building Services--Adolescents

The Injury Prevention Program is discussing the possibility of developing a CODES Wisconsin Interactive Statistics on Health (WISH) module on the DHFS website.

Development of a new crash related WISH module working with DOT is in process.

c. Plan for the Coming Year

1. Educational Activities--Enabling Services--Adolescents

In order to decrease the incidence of deaths due to motor vehicle crashes, education will continue. The new BAC level will impact this measure.

2. Graduated Driver License (GDL)--Population-Based Services--Adolescents

This will continue to be a strong method of impacting this performance measure and ongoing evaluation of this policy is being done.

3. Local Needs Assessments--Infrastructure Building Services--Adolescents

Working with counties regarding data and technical support requests related to youth motor vehicle crashes will continue. The Injury Prevention Program and DOT will continue on making motor vehicle crash data more accessible to agencies and the general public.

4. Injury Prevention Coordinating Committee --Infrastructure Building Services--Adolescents

Plans include constructing data maps related to motor vehicle crashes on the web, develop a GIS/spatial analysis using death and hospitalization data to examine incidents of motor vehicle crashes, and work on policy analysis regarding prevalence, cost, community education surrounding motor vehicle crashes among 15-19 year olds.

Implementation of Health Priority: Intentional and Unintentional Injuries and Violence will continue and is ongoing.

State Performance Measure 16: *The percent of MCH clients/families who receive one or more supportive services* to enhance child health, development and/or safety.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective		NA	74	75	76
Annual Indicator		73.1	72.5	73.7	84.7
Numerator		5438	5811	8802	20374
Denominator		7436	8010	11946	24047
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	77	78	79	80	80

Notes - 2003

Source: SPHERE and MCH funded-agencies' reports for 2003.

Notes - 2004

Data for 2004 represent duplicate client counts across both categories for the numerator and denominator.
Source: SPHERE reports for 2004.

a. Last Year's Accomplishments

Relationship to Priority Need(s): SPM #16 relates to Wisconsin's Priority Need-Health Access and #10-Injury.

1. Supportive Services--Enabling Services--Children, including CSHCN and their Parents

Title V funded services in the 2004 contracts, 96 LPHDs and other private non-profit agencies submitted 306 objectives to provide MCH/CSHCN services. About 31% (94 objectives) were to provide supportive services to parents of children and youth to age 21 years, including children with special health care needs. For the purposes of reporting this measure, supportive and enabling services for children including CSHCN and their parents to support child health, development and/or safety include the following public health interventions during 2004.
Advocacy; Total Activities=263 for 244 clients.
Case Management; Total Activities=724 for 464 clients.
Health Teaching; Total Activities=18,158 for 7,455 clients.
Referral & Follow up; Total Activities=2,334 for 1,997 clients.
Screening; Total activities=8,473 for 6,867 clients.
Overall Total Activities=32,310 for 20,374 clients; 84.7% of reported MCH clients.

In the first 6-months of 2004, CSHCN parent to parent activities included the training of support parents in each of the five DPH regions. Actual matching of parents began June 1 with 144 families receiving referrals for parent to parent support services. Continued connection of parents to other support opportunities such as support groups also occurred.

2. Governor's "KidsFirst" Initiative--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN.

In May 2004, Governor Doyle announced a four-part "KidsFirst" Initiative. The four focus areas are Ready for Success, Safe Kids, Strong Families and Healthy Kids. This direction from the Governor provided a course for state programs to enhance supportive services for families and their children including an initiative of a universal home visiting program to connect families with services and a targeted program to prevent child abuse and neglect. The MCH program continued to provide leadership in State family support programs.

3. Governor's Call to Action Summit on Child Abuse and Neglect--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

On April 29 and 30, an invitational summit was held to initiate planning on a State Call to Action to end child abuse and neglect. About 150 Wisconsin leaders involved in preventing child abuse and neglect, protecting children, and helping heal victimized children joined the Governor to discuss prevention strategies. Local webcasts of the event occurred May 17 through June 30 to add to the State Call to Action planning process. A preliminary report was released and six workgroups were established to formulate recommendations in the following areas: Substance Abuse, Domestic Violence, Children's Mental Health, Family Economic Success, Parent Education and Family Support Systems, and Child Sexual Abuse.

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. Title V funded family supportive services		X		
2. Governor's KidsFirst Initiative				X
3. Governor's Call to Action Summit on Child Abuse and Neglect Prevention				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Supportive Services--Enabling Services--Children, including CSHCN and their parents

Title V funded services in the 2005 consolidated contract, 97 LPHDs and other private non-profit agencies submitted 223 objectives to provide MCH/CSHCN services. About 48% (108 objectives) were to provide supportive services to parents of children and youth to age 21 years, including children with special health care needs. Seventy-three (68%) of the services were related to child safety in the following areas: home safety assessments, safe use of child passenger systems, bicycle safety instruction, and individual or group education for parents that promote child safety.

The Parent to Parent Matching Program continues to be funded with Title V dollars to provide supportive services to parents of children with special health care needs. DHFS is currently undergoing a competitive procurement process to provide these services and a vendor is expected to be selected by July 1, 2005.

2. Governor's "KidsFirst" Initiative--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

As part of his KidsFirst initiative, Governor Doyle supports a statewide home visiting program to first time parents. The State MCH program provides leadership for an initiative implementing a universal home visiting program to connect families with support services and an expansion of a targeted program to prevent child abuse and neglect. The MCH program continues to provide leadership and participates in action steps toward improvements for children by assuring use of best practices when implementing these family support programs.

3. Governor's Call to Action Summit on Child Abuse and Neglect--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CSHCN

During 2005 the State MCH program provides leadership and participates in the Call to Action planning process. Key leadership of the MCH program staff includes co-facilitation of the Family Support and Parent Education Workgroup consisting of 35 leaders from private and public agencies working with families throughout Wisconsin. It is expected a final Call to Action report will be available late summer 2005. This will consist of the recommendations from all six workgroups and include long term recommendations to improve the lives of children and their families in Wisconsin and prevent child abuse and neglect.

c. Plan for the Coming Year

This performance measure was not selected for continuation based on the new 5-year Title V

Needs Assessment.

E. OTHER PROGRAM ACTIVITIES

Public Health Information and Referral (PHIR) Services for Women, Children and Families (hotline services) - Gundersen Lutheran Medical Center - La Crosse -- Since 1995, the MCH Hotline has provided comprehensive information on the various MCH programs in Wisconsin. During this time, the need has grown for other state health-focused programs to establish a toll-free hotline and supporting information and referral service. In order to avoid unnecessary duplication, the state combined the needs of these programs into one comprehensive PHIR service for women, children and families provided by one agency, Gundersen Lutheran Medical Center, La Crosse, Wisconsin. The purpose of developing a comprehensive hotline system is to streamline the mechanism by which individuals and families can receive information and access specific providers in Wisconsin. This agency combines information and referral services for the following programs:

- MCH Hotline, including the CSHCN Program and reproductive health (800) 722-2295
- Services Hotline for Women, Children and Families (ACT 309) (877) 855-7296
- Supplemental Nutrition Program for Women, Infants and Children (WIC) (800) 722-2295
- Wisconsin Medicaid, including HealthCheck and Healthy Start (800) 722-2295
- Wisconsin Birth to 3 Program & Regional CSHCN Centers (First Step Hotline) (800) 642-7837

In 2004 the MCH Hotline received 8,549 calls; an increase of 516 calls from 2003. The website address is www.mch-hotlines.org.

In 2004, the First Step Hotline received 2,103 calls in 2004; an increase of 604 calls from 2003. In addition, the CSHCN Program maintains a toll-free phone number (800) 441-4576 to assist parents and providers regarding children with special health care needs.

The Statewide Poison Control System was implemented on July 1, 1994, with state GPR funds ($375,000) and a 50% match requirement from each regional poison control center. The program provides Wisconsin citizens with the following services: a toll-free hotline allowing easy access for poison control information; quality interpretation of poison information and needed intervention; and education materials for consumers and professionals. As of July 1, 2001 the Wisconsin Poison System contract solely supports the poison control center located at the Children's Hospital of Wisconsin (CHW), Milwaukee. The University of Wisconsin Hospital and Clinics, Madison continues to support the poison control system in Wisconsin by staffing a Poison Prevention Education Center. The Children's Hospital of Wisconsin Poison Center received 64,836 total calls during CY 2004; 43,718 were human exposure calls. In February 2005 this center received full certification by the American Association of Poison Control Centers (AAPCC). This new certification makes the Poison Center the first in Wisconsin history to become nationally certified.

F. TECHNICAL ASSISTANCE

Wisconsin requests technical assistance for our adolescent health program. We are requesting assistance from AMCHP to facilitate collaboration with other state and territorial adolescent health coordinators in order to improve access to national resources and experts on adolescent health.

Wisconsin requests technical assistance on MCHB's expectation of how the work and activities of the ECCS Program need to be integrated into the ongoing MCH/CSHCN Programs, with particular attention needed in the areas of Mental Health and Social-Emotional Development, Parenting Education, and Family Support.

Wisconsin requests technical assistance in designing and writing specifications for an on-line child health profile to be integrated into the existing WI Pubic Health Integrated Network (PHIN) and the

Secure Public Health Electronic Record Environment (SPHERE). The child health profile would be used by primary care providers and the public health community.

V. BUDGET NARRATIVE

A. EXPENDITURES

Significant Variances - Forms 3, 4, and 5 - 2004 Budgeted/Expended
Form 3

State Funds - This variance, an increase of $947,140 (10.38%), is due entirely to an increase in the amount of match provided by local agencies.

Program Income - This variance, an increase of $790,396 (27.56%), is due entirely to an increase in the amount of program income generated by local agencies providing family planning reproductive health services.

Form 4

Infants under one year of age - This variance, an increase of $866,744 (60.47%), is due to an increase in expenditures in the Title V and Match components of the Federal/State Partnership - approximately $505,000 and $358,000 respectively. Title V expenditures increased for local aids by $350,000 and for state operations by $150,000. The increase in local aids generated the subsequent increase in match in a similar amount.

Form 5

Enabling Services - This variance, an increase of $511,038 (13.55%), is due to an increase in the Title V and Match components of the Federal/State Partnership. Local agencies received an increase in Title V funds of $102,000 and reported an increase of $408,000 in match.

Population based Services - This variance, an increase of $106,675 (10.9%), is due almost entirely to an increase in the amount of match reported by local agencies.

B. BUDGET

The Title V MCH/CSHCN Program award of $11,219,694 is budgeted into two broad categories, State Operations and Local Aids. Please see the attached file for full details.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.